

**American Karate Do
Lindale, Texas**

Personal Information

Name:	Date
Date of Birth	
Home Address:	
City, State, Zip:	
Home Phone:	Emergency Phone:
Sex:	Occupation:

Guardian Information

Parents Name:	Phone No:
Email:	

Health Condition

Physical Injuries:	
Previous Martial Arts Experience:	
If so rank and style:	Instructors name:
School Grade:	

It is agreed between the above named student and American Karate Do that he/she will take karate lessons by members of American Karate Do. Student hereby represents that he/she is physically fit to take karate. Student (if minor, including his/her responsible guardian) further acknowledges the existence of some risk of personal injury in participating in said prescribe course, and expressly agrees to assume the risk of all injuries and damage to property. And agrees to indemnify and save harmless American Karate Do, from and against any and all liability, including liability arising in whole or in part from the sole negligence of American Karate Do. Student further agrees to indemnify and save American Karate Do harmless from any injury to person or property from negligence.

Parents or Students Signature _____