

| Student's Name | : Ш | | | | | | | | | | | | | | | | | | \perp | | | |
|---|--|--|---|---|--|--|--|--|---|--|--|--|---|--|---|-------------------------------------|---|--|---|--------------------------------|---------------------------|--|
| Nombre de estudiante | nte First (Primer Nombre) | | | | | | | | | Last (Apellido) | | | | | | | | | | | | |
| Age: Edad | Date of | | Kara | Carate Rank: (Belt Color) Leave blank if unsure | | | | | | | | | | ure | | | | | | | | |
| Mailing Address | s: | 2 | | | | | | | | | | | | | | | | | | | | |
| City: Ciudad | | | | | | | | | Stat Estado | | | | ipco | de: Postal | | | | | | | | |
| Parent's Name: Nombre de padres o | tutor | | | First (1 | Primer | Nomb | re) | | | | | | | Last (. | Apelli | do) | | | | | | |
| Email Address: (Please fill out one square per letter/number/character – PRINT ONLY) Correo electrónico | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Cell Phone Numbe | r: | | | | | | | | ernate N léfono Alte | | er: | | | | | | | | | | | |
| CONSCIOUS WARRIOR STUDEN facilities, instructors, parent helpe the student's participatio in the injury, accidents can occur. The un stolen, damaged, or missing equi special events for personal, | ers, and/or ar program. By dersigned sh pment, merc | ny other pa executing all indemn handise, a | rty involv this relea ify and ho nd/or per | ed with the se I am ac old Consci sonal belo | ne karate/ cknowledg ous Warri ongings. A | self-defe ging the r or, any sp Iso, choo | nse prog risks invo ponsorin psing to p | gram in which plved in the ng organizati pay by debit | h the student participation ons, facilities, /credit card is | is enrolle of the pro instructo at your o | d for an gram at rs, parei wn risk. | ny liability differen nt helper Parents | y arising t levels rs, and/ and/or | g from a and und or any o Conscio | ny accid Ierstand ther par us Warr | ent or in that winty ty invol | njury si hile ste ved sha take p | uffered I ps will b all not b hotos o | by the st be taken e respor r videos | to prevensible for of class | during ent or lost, | |
| Parent/Gua | rdian Sig | nature | Fi | rma de I | Padre o T | Γutor L | egal | | | | Date | | | Fecha | | | | | | | | |