

Houston Nationals Karate
Champions Bushido
17425 Stuebner Airline Ste G
Spring, TX 77379

Johnnie Murphy, Sensei
281-251-4550

Date: ____ / ____ / _____

Please print clearly.

Name: _____ Age: ____ Sex: ____

Home Phone: _____

Address: _____ Apt: ____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____ / ____ / _____

Physical Handicaps and/or Medical Conditions:

Mother's Name: _____

Father's Name: _____

Emergency Phone Number: _____

Program Type: (Select One) Four Days per Week Reg All Class

Days to attend: Mon Tues Wed Thursday

Uniform Wanted? Multiple Person Deal?

Waiver of Injury

I, (print name) _____, do hereby release Johnnie Murphy, Houston Nationals Karate, Champions Bushido, and all other persons or companies associated with this training in any capacity from any liability due to injuries, etc that I may incur as a result of my participation and training. I clearly understand the fighting aspects of this martial art and that this sport involves bodily contact. I am in good health and am capable of participating at full physical and mental capacity.

Signature: _____

Print Name: _____

If signing for a minor, relationship to minor: _____