



AMERICA'S BEST KARATE

Guest Registration Form

Date ____/____/____

Guest of _____

Students Name _____ Age ____ DOB ____/____/____

Parents Name _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Email Address _____

In consideration for my attendance and participation in this academy's martial arts training, I, the student/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the academy, its management, and assigned staff, and fellow students from liability resulting from personal injury or loss of personal belongings. I also hereby state that the students named above are physically fit to take the prescribed course of instruction and do so of their own free will for an agreed upon fee.

Signature _____



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