

# KARATE

## Registration Form and Waiver of Liability

Free for MEMBERS  
\$40 per month NON-  
MEMBERS

Child's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Birth date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Class Days: Tuesdays and Thursdays

Session Dates: \_\_\_\_\_ to \_\_\_\_\_

List any special medical problems you or your child may have:

\_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to participate in karate activities sponsored and supervised by Park South YMCA Staff and/or volunteers.

I hereby authorize the Park South YMCA or its representative to take my child: \_\_\_\_\_ to the nearest medical facility or \_\_\_\_\_ if I cannot be reached in an emergency.

By my signature and of my free will, I do hereby indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, costs or expenses arising out of any injuries, damages or other losses whether personal or property, sustained by me or any party to whom I am responsible.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

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2500 Romine Avenue  
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214-421-5301  
214-426-3756 (fax)