



## APPLICATION FORM

### Babu Antony School of Martial Arts USA

New Millenium School, 3402 Cartwright Rd,  
Missouri City, Texas 77459.

### Grand Master Babu Antony

Phone: 346-400-8732

Email: [basomahouston@gmail.com](mailto:basomahouston@gmail.com)

Website: [www.basomausa.com](http://www.basomausa.com)



Paste your Picture Here

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: \_\_\_\_\_

Insurance Provider & Details : \_\_\_\_\_

### Waiver of Injury/Accident

I, (print name) \_\_\_\_\_, do hereby release Babu Antony School of Martial Arts USA, 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.

The enrollee is aware in making this agreement to participate in training in the martial arts that certain elements of this training are physically demanding and potentially dangerous, and with this knowledge agrees to indemnify and hold harmless from all losses caused by accident or injury the Instructor, his assistants, or any third parties who may be enrollees of the same class or seminar or who are students with the Instructor, in the event that the enrollee or the said third party is injured in any way during the proper performance and execution of techniques or instruction provided in this training.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

If signing for a minor, relationship to minor: \_\_\_\_\_