



**WARRIORS OF RIGHTEOUSNESS**  
THE INTERNATIONAL KARAKENPO ESKRIMA ASSOCIATION

## STUDENT REGISTRATION SHEET

<b>First Name</b>	
<b>Last Name</b>	
<b>Date of Birth</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	
<b>Email Address</b>	

***Why are you interested in training in the martial arts?***

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***Do you have any prior martial arts experience? If so, what system(s) did you study and instructor(s) did you study under?***

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***What are your goals in regards to the martial arts?***

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## STUDENT RELEASE FORM

**THE INTERNATIONAL KARAKENPO ESKRIMA ASSOCIATION  
GENERAL RELEASE FORM**

I the undersigned understand that I will be engaged in a course of self defense instruction that requires physical contact. For and in consideration of the granting of permission to participate in this course the undersigned fully releases and discharges Mr. Edward A. Bansuelo / The International Karakenpo Association and it's instructors, members, agents and employees from all claims rights, action and liabilities for damages of any sort or any form of bodily injury which he/she may incur during participation of said course.

The undersigned has read this General Release Form of liability and fully understands and acknowledges the significance the said General Release Form.

**Please read carefully before signing.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant or Parent/Guardian  
(Parent/Guardian signature is required for minors)

\_\_\_\_\_  
Phone Number