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## MEMBERSHIP APPLICATION

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*PLEASE PRINT CLEARLY*

FIRST NAME	LAST NAME
ADDRESS	APT. NO.
CITY	STATE / ZIP
HOME PHONE	MOBIL PHONE
PARENT'S E-MAIL	BIRTH DATE
FATHER'S NAME	MOTHER'S NAME
EMERGENCY CONTACT / PHONE	INSURANCE CARRIER / POLICY #

PLEASE LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF. (ALLERGIES, DISABILITIES, ETC.)

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- |  |  |  |
|--|--|--|
| <input type="checkbox"/> MUSKETEER       | <input type="checkbox"/> JUNIOR INTERMEDIATE | <input type="checkbox"/> ADULTS        |
| <input type="checkbox"/> JUNIOR BEGINNER | <input type="checkbox"/> ELITE               | <input type="checkbox"/> OFF-CAMPUS PE |
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### WAIVER OF LIABILITY

I UNDERSTAND AND APPRECIATE THAT PARTICIPATING IN ANY SPORT CARRIES A RISK OF SERIOUS INJURY, EVEN A DEATH. I KNOWINGLY ACCEPT AND ASSUME THIS RISK AND RELEASE *TEXAS SABRE ACADEMY*, ITS SPONSORS, INSTRUCTORS, VOLUNTEERS, AND OFFICERS OF ANY LIABILITY.

SIGNATURE	DATE
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A PARENT OR LEGAL GUARDIAN MUST SIGN FOR STUDENTS UNDER THE AGE OF 18.

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### CONSENT FOR MEDICAL TREATMENT

I GIVE MY CONSENT TO THE STAFF, VOLUNTEERS AND COACHES OF THE TEXAS SABRE ACADEMY TO OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINICS FOR ANY INJURY OR ILLNESS THAT MAY ARISE DURING ACTIVITIES ASSOCIATED WITH TEXAS SABRE ACADEMY.

SIGNATURE	DATE
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A PARENT OR LEGAL GUARDIAN MUST SIGN FOR STUDENTS UNDER THE AGE OF 18.