

This Permission slip **must** be turned in to Tri-Star before child can participate at Tri-Star

Karate Buddy Bash



Non Student Permission Slip

Date: _____ Current Student of Tri-Star's Name: _____

Child's Name: _____ Age: _____ Birth Date: _____ M ___ F ___

Parent's Name (if under 18): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ E-Mail Address: _____

In consideration of my attendance and participation in martial arts classes by Tri-Star Martial Arts Academy, I, the student, acknowledge the existence of certain inherent risks in this type of training, and hereby agree to assume all risks myself. I further relieve the school, its management, assigned staff, and fellow students from liability resulting from loss, whether personal belongings, or bodily injury. I also hereby state that I am physically fit to take the prescribed course of instruction, and do so of my own free will.

Parent / Guardian Signature: _____

Check here if you are interested in our program _____

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