



Permission Form

GUEST OF: _____ DATE: _____

STUDENT'S NAME _____ Age _____ Birthdate _____

PARENTS: MOM _____ DAD _____

ADDRESS _____ E-Mail _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

In consideration for my attendance and participation in the martial arts training offered by Black Belt Academies, I, the parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the school, its management, assigned staff and fellow students from any liability resulting from loss, whether personal belongings or bodily injury. I also hereby state, that myself or my child is physically fit to take the prescribed course of instruction and do so of my own free will.

Signature of Parent/Guardian _____ Date _____

Please send me information on Children's programs

Please e-mail me the FREE Report, "Developing Self-Confidence in Children."



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