



**COME KICK
UP THE FUN!**

EVENT PERMISSION SLIP

STUDENT NAME: _____

FRIEND NAME: _____ **AGE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

I recognize and acknowledge that there is a known risk of potential injury involved in the participation of all sports, including Karate. I agree to assume this risk, and agree that Atlantic Karate Training Center LLC will not be held liable for any damages not caused by or resulting from the negligence of the owners, operators, or persons in charge of said establishment, or their agents, servants or employees. I understand also that I do not have to participate in any activity or training exercise that I feel is not in my best interest.

PARENT SIGNATURE: _____ **DATE:** _____

FREE Trial Program Includes:

- 2 weeks of classes
- 1 karate uniform
- 1 free private lesson

Would you like us to contact you with information on your **FREE** trial programs?

Email: _____

Phone: _____

For more information on all of our exciting programs and events please visit www.AtlanticKarate.com



Atlantic Karate
TRAINING CENTER

