

Elkins Karate Center, Inc.

(Please be advised, every child must bring this form or they will not be able to participate)

Birthday Party
PERMISSION SLIP

I, _____ hereby give Elkins Karate Center, Inc.
permission for my child, _____ to attend a
Child's Name

Birthday party for _____ at Elkins Karate Center, Inc.
Participant Child

On (day of the week) _____ (mm/dd/yy) ____ / ____ / ____ / ____ . Should injury
occur, I hereby give permission for trained medical personnel to administer necessary medical
treatment.

Signed _____ Date _____
Parent/Guardian

Emergency # _____

Contact Name _____

Address _____

Every child will receive a complimentary Free Karate Trial Program
(In order for them to qualify, they must do the following.....)

1. Behave at the party.
2. Clean their bedrooms.
3. Do 1 extra chore for parents.

**If your child does these three things and
you would like for them to try a lesson,
please contact us at 301-932-8287**

Please check one of the below

____ *I would like my child to try a Free Lesson.* ____ *Not interested in a Free Lesson for my child.*