



United Kempo Karate Schools

Note: Please print out, Authorize, and Bring to Party.

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

Birthday Party Permission Slip

I, _____ hereby give United Kempo Karate Schools, UKKS LLC, permission for my child, _____ to attend

A birthday party for _____ at United Kempo Karate Schools

On (day of week) _____ (mm/dd/yy) ____/____/____. Should injury occur, I

hereby give my permission for trained medical personnel to administer necessary medical treatment.

Signed: _____ Date: _____

Printed: _____

Emergency phone number: _____ email: _____

Emergency Contact Name: _____

**Every child participating will receive a free karate lesson, (non-members only).
(In order for them to qualify, they must do the following..)**

1. Obey the rules

2. Clean their rooms before coming to the party

3. Do 1 extra chore for parents

If your child does these three things and you wish for them to receive their free lessons, please contact us at 317-471-7431 and we will be happy to set your appointment.

Please check a box below:

☐ **I would like my child to try a free lesson.**

☐ **I am not interested.**

**8444 E. Washington St. Ste B
Indianapolis, IN 46219
317-471-7431**