

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 fo	or 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 tra	ained medical personnel to adm	ninister necessary medical treatment.
Signed:	Date: _	
Printed:		
Emergency phone number:	email:	
Emergency Contact Name:		
(In order for 1. Obey the rules	will receive a small gift. them to qualify, they must d	
 Clean their rooms before Do 1 extra chore for page 1 		
· · · · · · · · · · · · · · · · · · ·	three things and you wish for us at 317-351-8557 and we wi w:	
☐ I would like my child☐ I am not interested.	to try a free lesson.	