

# Parent Permission Slip

(for your child's protection this is required to be filled out completely - thank you!)

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(cell): \_\_\_\_\_ (other): \_\_\_\_\_ Email: \_\_\_\_\_

Other information about your child: \_\_\_\_\_

☐ I would like more information about safety, self-defense, or character building training.

I give permission for my child to participate in the safety activity with Karate for Kids. Emergency contact information is held by the hosting organization. I authorize the use of any pictures or video taken of my child at this event.

Parent/ Guardian Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_