



EVENT PERMISSION SLIP

MUST be completed by Legal Guardian (return to Alexander's)

Contact Information

Participant's Name: _____ Date of Birth: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____ @ _____

How did you hear about or How were you referred to us _____

Permission / Release

I give permission for my child to participate in an introductory martial arts class / Birthday Party / Seminar at Alexander's Martial Arts. I acknowledge students will be participating in physical activity and release Alexander's and it's employees from liability associated with the class, party, or seminar.

Parent / Guardian's Signature: _____

Date: _____

Parent's Night Out Pick-Up Release:

My child will be picked up by _____

Martial Arts Party / Event Invitation

(Give this to Your Guest)

Please be my **GUEST** at **Alexander's Martial Arts** for a Special Martial Arts Event.

Event: _____

Date: _____ Time: _____

<input type="checkbox"/> Madison 51 Nance Road 837-8624	<input type="checkbox"/> North Huntsville 1882 Winchester Rd 852-5440	<input type="checkbox"/> Hampton Cove 6727-G Hwy 431 S 539-8175
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