



OC Martial Arts

www.orangecountyma.com
https://www.facebook.com/OcMartialArtsandfitness/
3126 E Chapman Ave
Orange, California, CA 92869
(714) 654-7558

OC MARTIAL ARTS PARTICIPANT Permission Slip and Release Form

Event:												
Name of Participant:							D.O.B:					
Name of Participant:							D.O.B:					
Name of Participant:							D.O.B:					
Parent/Guardian Name:												
Address:							Phone:					
Emergency Contact Person:							Phone:					
Medical Concerns:												
<i>*completed form is required to participate*</i>												
I give my permission for my child/children to participate at OC Martial Arts and I shall hold OC Martial Art's employees and instructors and/or agents fo the above harmless from any liabilites arising from introductions and/or participation in any activity on the premises owned or leased by any of the above.												
I hereby consent to and authorize the use and reproduction by OC Martial Arts, as agents and employees the use of photographs and/or video taken of my child during any activity at OC Martial Arts for use in printed material and electronic forms of media without compensation to me and agree that all material shall constitute OC Martial Arts property, solely and completely.												
Signature of Parent/Guardian:							Date:					
EVERY CHILD WILL RECEIVE TWO FREE WEEKS OF TAE KWON DO LESSONS												
CHECK ANY THAT APPLY												
<input type="checkbox"/>	Send me more information about your Tae Kwon Do School programs											
<input type="checkbox"/>	Send me more information about free events and special classes											
<input type="checkbox"/>	Send me more information about your self defense class offerings											
Email:												