

Please print this Release Form



wushu central[®]

Martial Arts Academy

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 Wushu Central, Inc. permission for my child, _____ to attend a birthday party for _____ at Wushu Central Martial Arts Academy 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 _____

(Parent or Guardian Name)

Emergency Phone Number: _____ Email: _____

Contact Name if Emergency: _____

Address: _____

Every child will receive a complimentary Free Trial Program.

(In order for them to qualify, they must do the following.....)

- 1) Behave at the Party.**
- 2) Clean their bedrooms.**
- 3) Do 1 extra chore for parents.**

If your child does these three things and you would like for them to try a lesson, please contact us at **408-850-9479** and ask for **Liz or Sifu Chang**

Please check one of the boxes below.

I would like my child to try a Free Lesson.

Not Interested in a Free Lesson for my child.