



MVP Taekwondo Center
8 Railroad Avenue, Rochelle Park, NJ 07662
201-556-9799 mvp@mvptaekwondo.com

PERMISSION SLIP – Birthday Party

Student Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Please be advised, every child must have this form filled out or they will not be able to participate.

I, the undersigned, do hereby give permission for my child to attend a birthday party for _____ at MVP Tae Kwon Do Center on _____. Should injury occur, I hereby give permission for trained medical personnel to administer necessary medical treatment. I understand the risk of practicing martial arts and hereby release MVP Tae Kwon Do Center and all its instructors and other students from any and all liabilities, for any type of injury or loss sustained while training, studying, practicing or in the application of Martial Arts. My child is in good physical condition and I know of no reason why he/she cannot study and participate in martial arts.

Date: _____ Signature: _____

Mother's Name: _____ Father's Name: _____

Phone: _____ Cell Phone: _____

Fax: _____

E-mail: _____

Additional Comments or Special Instructions:

We look forward to showing your child the many benefits of karate training!
Feel free to call us with any questions.