



Academy of Traditional Karate, Inc.

WE BUILD CONFIDENCE!!

155 West Street, Suite 5
Wilmington, MA 01887
(978) 658-2077



Bring A Friend/Fun Week

Buddy Day

Permission slip

You and your child have been invited to be honored guests at the **Academy of Traditional Karate**, where **Character and Excellence** are stressed. Your child should be prepared to have a blast in a safe, **friendly environment**, focusing on **self-discipline, respect, and positive family values**. Your child is eligible to earn a red belt during the class!!



For more information on our Academy, visit

www.traditional-karate.com

Shihan Todd and Shidoshi Kristen Keane

I give my child/ward permission to participate in Karate classes.
My child's name is _____ and will
participate on (date) _____ with _____.
My child will benefit from **increased** (please check all appropriate
categories)

Self Confidence Self-Defense Skills Respect
 Physical Fitness Better School Grades Discipline

Parent's Name _____ Tel. # _____

Age of child _____ Address _____

City _____ State _____ Zip _____

Allergies/Medical Conditions _____

The undersigned parent/guardian and student hereby releases, waives, and agrees to indemnify and hold harmless The Academy of Traditional Karate, Inc., Todd J. & Kristen A. Keane, their authorized agents and representatives, and Howland Development from any and all liability arising from or in relation to or on the premises designated for the practice of karate in sanctioned classes and events of all descriptions, including personal injuries sustained in the customary course of practice, conditioning and karate class activities. In addition, if my child has any known medical conditions, I will consult a physician, and I will supply a physician's note before the class.

Signature of Parent/Guardian _____ Date _____

† Please contact me with information on your trial programs

E-mail address _____ or contact me by phone at _____