



HK Lee Academy of Tae Kwon Do Birthday Party Permission Slip

(Each child must submit this form by the date of the party or they will not be able to participate.)

Child's Name: _____ Age: _____ Phone _____

Address: _____

Emergency Contact: _____ Emergency Phone #: _____

I, _____ hereby give permission for my child to attend a birthday party for _____
(Parent or Guardian Name) (Birthday Child's Name)

at H.K. Lee Tae Kwon Do. Should injury occur, I hereby give my permission for trained medical personnel to administer necessary medical treatment.

Signature: _____ Date: _____
(Parent or Guardian)



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