PERMISSION TO RIDE	FORM	START DATE	
I give permission for my child the summer camp and after-sc		tial Arts Plus (for field	l trips during
Child's name:			
Child's School:			-
Parent/Legal Guardian:			-
Teacher's Name:		Grade:	
Signature of Parent/Legal Gua	ordian:		
	Martial Arts Pl		
4141 W. Vine Street	Kissimmee, Fl 34741	407-84	7-6866
PERMISSION TO RIDE	<b>E FORM</b>	START DATE	
I give permission for my child during the summer camp and a			ld trips
Child's name:			
Child's School:			-
Parent/Legal Guardian:			-
Teacher's Name:		Grade:	
Signature of Parent/Legal Gua	ordian:		
	Martial Arta D	luo	
4141 W. Vine Street	Martial Arts Pl Kissimmee, Fl 34741	i <b>us</b> 407-84	7-6866