

PERMISSION TO RIDE FORM

START DATE _____

I give permission for my child to be transported by Martial Arts Plus (for field trips during the summer camp and after-school pick-up).

Child's name: _____

Child's School: _____

Parent/Legal Guardian: _____

Teacher's Name: _____ Grade: _____

Signature of Parent/Legal Guardian: _____

Martial Arts Plus

4141 W. Vine Street

Kissimmee, Fl 34741

407-847-6866

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