



# Bring a Buddy Day

*By signing this permission slip, I agree to allow my below named child to participate in Charlotte Taekwondo America's Bring a Buddy Day. I understand that my child will be actively participating in a martial arts class that will include jumping, kicking, punching and striking against various apparatuses including, but not limited to, body shields, focus pads, or another student. I agree to not hold Wilson's Taekwondo, Inc., Charlotte Taekwondo America, or its instructors or students liable for any injury, regardless of fault.*

**ALL SPACES MUST BE FILLED OUT AND FORM MUST BE SIGNED.**

Participant's Name(s) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_