



Black Belt Tae Kwon Do Academy
31921 Camino Capistrano # 20
San Juan Capistrano, CA 92675

Birthday Party Agreement

Date of Party: _____ Time of Party: _____

Location: Black Belt Tae Kwon Do Academy in San Juan Capistrano, CA
Name _____ of _____

Child: _____ Age: _____

Phone Number: _____

Address: _____

Guardian Name: _____

Emergency Number: _____

Initial Non-Refundable deposit: \$ 50.00

Additional Options Selected or Notes:

Amount

Paid: _____ Date: _____

Balance Due: _____

Black Belt Tae Kwon Do Academy will provide a qualified instructor and the use of its training facilities for a period not to exceed 2 hours of time. Guardian or parent will provide all additional party supplies and agrees to abide by the rules and regulations of Black Belt Tae Kwon Do Academy. Guardian or parent agrees that signature on this contract constitutes a nonrefundable and binding agreement between Black Belt Tae Kwon Do Academy and the Parent/Guardian. Furthermore, the Parent/Guardian agrees to absolve Black Belt Tae Kwon Do Academy and its employees and representatives from and costs or damages arising from and injuries and or liabilities suffered on these premises. It is understood the Parent/Guardian must provide Black Belt Tae Kwon Do Academy with signed permission slips and or waivers from all participants, parents or guardians.

Signed: _____ Date: _____