



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

**Birthday Party  
Permission Slip**

I, \_\_\_\_\_ hereby give Black Belt Tae Kwon Do Academy permission for my child, \_\_\_\_\_ to attend a birthday party for \_\_\_\_\_ at Black Belt Tae Kwon Do Academy on (day of week) (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_\_. Should injury occur, I hereby give my permission for trained medical personnel to administer necessary medical treatment.

Date of Party: \_\_\_\_\_ Time of Party: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Contact Name if Emergency: \_\_\_\_\_ E mail: \_\_\_\_\_

Address: \_\_\_\_\_

[www.tkdcapistrano.com](http://www.tkdcapistrano.com)