

Parental Consent Form for Martial Arts Classes

Minor's Information

Full Name of Minor

Date of Birth

Age

Parent/Guardian Information

Full Name of Parent/Guardian

Phone Number

Email Address

Emergency Contact

Name

Relationship

Phone Number

Medical Information

List any allergies or medical conditions

Consent



I, the undersigned, am the parent/legal guardian of the above named minor and give my consent for participation in martial arts classes. I acknowledge the risks associated with martial arts and will not hold the instructors or facility liable for any injuries.

Parent/Guardian Signature

Date