



www.MartialArtsBirthdays.Ca

Application & Consent Form

Birthday Party for: _____ Date: _____

Name: _____ Date of Birth: _____

Name of Parent: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Tel: _____ Cell: _____

I, the parent/guardian of _____ give full consent for my child to participate in the Martial Arts Birthday Party conducted by Sirota's Alchemy – Martial Arts Centre. I understand that this will be a hands-on class/party. Although great intention has been placed on safety, injuries may occur. In the event that there is an injury, the staff of Sirota's Alchemy will attend to it to the best of our ability and knowledge. On behalf of my child, I and/or any representatives waive all rights to sue Sirota's Alchemy Inc., Master Michael Sirota, its staff, volunteers and all others representing the company against any and all legal actions arising out of my child's participation at the Birthday party.

Signature of Parent (Guardian)

Date

SIROTA'S ALCHEMY – MARTIAL ARTS CENTRE

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