





CLASS PERMISSION SLIP

will in no way hold t injury requiring med	rtial Arts Classes, on T e the leaders of the churc lical attention, the lead facility, at the parents'	uesday and/ h responsibl er has my/or	o r Saturday , le in the even ur permission	sponsored by t of an accide to seek med	o Oak Grove Baptistent. Should there be ical attention, at the	t Church. I/we an accident or nearest
Home: ()		Cell: ()			
Address:						
	(Street)		,	ity)	(State)	(Zip)
·	ave your membership:					
E-Mail Address:						
• •	der medical treatment, ild know about, please o		on, has allerg	gies or a phys	ical disability, or o	ther medical
	vsician is:					
Insurance Company	:			Policy ID	#:	
Adult Participant Medical Release Signature:				Date:		
In the event that the responsible for the i	IILD/PARENT COV aforementioned child immediate removal of t package. Other copies	/teen should he child/tee	l disregard a n from the p	ny of the Cla remises. Plea	ss Guidelines, the p	
Parent Signature:				Date: _		
Child's Signature:				Date: _		
	Ve only permit students child/youth to break bo					lf you <u>grant</u>
		Yes	No			
	se are photographed or vic th videos or photos of y	ourself/child	?	ructional use	on the web or in vic	leos. Do you
		Yes	No			

CONTACT: SENSEI MICHAEL SCHEPERS at mike@theschepers.net CLASS IS HELD ON THE 2ND FLOOR OF EDUCATIONAL BUILDING #3

Tuesday and Thursday evenings: 6pm – 8pm Advanced Saturday Class as scheduled (Black Belt) 9am – Noon

