



# TAI CHUAN DO



## CLASS PERMISSION SLIP

Name \_\_\_\_\_ (Birth Date: \_\_\_\_\_) has my/our permission to participate in the Christian Martial Arts Classes, on **Thursday and Saturday**, sponsored by Oak Grove Baptist Church. I/we will in no way hold the leaders of the church responsible in the event of an accident. Should there be an accident or injury requiring medical attention, the leader has my/our permission to seek medical attention, at the nearest hospital or medical facility, at the parents'/adult's expense. My (our) phone number(s) and address are as follows: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Church where you have your membership: \_\_\_\_\_

If you are unable to reach me/us please call; \_\_\_\_\_  
(Name) (Relationship)

Phone - Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

If you/your child is under medical treatment, on medication, has allergies or a physical disability, or other medical problems that we should know about, please describe:

\_\_\_\_\_  
\_\_\_\_\_

The name of our personal physician is: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy ID #: \_\_\_\_\_

Adult Participant Medical Release Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CHILD/PARENT COVENANT & MEDICAL RELEASE SIGNATURES

*In the event that the aforementioned child/teen should disregard any of the Class Guidelines the parent will be responsible for the immediate removal of the child/teen from the premises. Please refer to the Class Guidelines also included in this package. Other copies are available upon request.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Board breaking** - We only permit students holding a Green Belt or higher in Tai Chuan Do to break. If you **grant permission** for your child/youth to break boards please check the appropriate box:

Yes No

### Photo/Video Release

Many of our events are photographed or videoed for promotional/instructional use on the web or videos. Do you permit us to take such videos or photos of yourself/child?

Yes No

**CONTACT: RALPH BATYKEFER (MINISTER TO STUDENTS) AT (410) 838-9898 extension 225.**

**CLASS IS HELD ON THE 3rd FLOOR OF EDUCATIONAL BUILDING #1**

Thursday evening: 6p.m. – 8p.m. and Saturday morning: 9a.m. – 11a.m.

