Jikan Martial Arts Dojo Parent Permission Form

(For minors not accompanied by their parents)

I (parent's nam	e in CAPITALS)	give permission to my	
child (child's na	ame)	to attend the Midlands Trip as described on	
the reversed si	de of this form with his/her Kara	ate instructor Jacob Greasley . I appoint Mr Greasley as my child's	
guardian for th	is excursion and he will ultimate	ely be responsible for all decisions regarding to my child's care. My	
child will carry	a mobile telephone so that I ma	y be able to contact him.	
My own emerg	ency contact number is (parent	's phone number)	
Signed			
0			
Date			
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		PARENT COPY	
Activity:	Trip to the Midlands for Karate training, outdoor and indoor activities.		
Date:	Saturday 14 th May – Sunday 15 th May, 2016		
Start Time:	All day		
Organiser:	Jikan Martial Arts Dojo & Kazokukai International		
Main Contact:	Sensei Jacob		
Secondary Contact: (Name)		(number)	

Venue(s): Karate: Pontesbury Public Hall, Pontesbury (near Shrewsbury), SY5 OQD

Camping & Fishing: Spring Lea, Plealey Road, Lea Cross, Shrewsbury, SY5 8HU

Go-Karting: 225 Dudley Road, Halesowen, Birmingham B63 3NR

RAF Cosford: Worcester Road, Wolverhampton, West Midlands WV7 3EX



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