

Bring a Friend

1st August to 31st August 2024

Please tick which class you are bring your friend to:

Little Dragons Karate..... Karate..... Kickboxing.....Kung Fu.....

Your Details (the student):

NAME.....

TEL NUMBER..... E-MAIL ADDRESS.....

Friends Details (to be filled out by the parents of your friend)

NAME.....

TEL NUMBER..... E-MAIL ADDRESS.....

DO YOU SUFFER FROM ANY OF THE FOLLOWING ??

ASTHMA, HAEMOPHILIA, DIABETES, EPILEPSY, OR ANY OTHER SERIOUS ILLNESS THAT MAY BE RELEVANT.

Please note (1) all martial arts/combat sports involve the risk of serious injury, by signing this application you will be accepting responsibility for ANY INJURY that you may cause or receive in the course of any activities organised by SESMA (insurance against accident liability is available through the licensing system). (2) SESMA or any instructors of SESMA can accept no responsibility for any injury received or caused.

SIGNED.....DATE.....
PARENT OR GUARDIAN

We will be putting this form into our draw for free classes and membership for your child and for a variety of prizes for the SESMA student that is friends with your child.

TickIf you **DO NOT** want to be entered in to the draw

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