

# Yong In Martial Arts Academy

## Sleepover

Student Name(s): \_\_\_\_\_

Telephone: Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_ Home: (    ) \_\_\_\_\_ - \_\_\_\_\_

Pay for            Cash (    )    Credit card \_\_\_\_\_ Ex \_\_\_\_\_

Name of Guests	Age	Telephone Number
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### LIABILITY RELEASE FORM

I, \_\_\_\_\_, release Yong In Martial Arts of all liability for injury to myself or my child and their above stated guests. That they may suffer as a result of their participation in Yong In Martial Art sleepover on the above stated date. I have received notice from the school of the risk of injury as a result of such participation, and I and heirs assign waive and hold harmless Yong In Martial Art of all liability for such injury.

Signed: \_\_\_\_\_

In case of emergency: Name \_\_\_\_\_

Telephone Number \_\_\_\_\_