



## (Birthday Party Application)

**Please Print**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Birthday Party Date:*

*Birthday Party Time:*

*He/she is going to be:*

Sat.  Sun. \_\_\_\_/\_\_\_\_/\_\_\_\_

Start: \_\_\_\_\_

\_\_\_\_\_ years old

Birthday person's first name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex:

M  F

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Home Phone:

Parent's full name: \_\_\_\_\_

Email: \_\_\_\_\_

Please answer the following questions:

Is your child and active student at Lakewood Mile High Karate?

Yes  No

Is there anything we should know about your child's health?

Yes  No

If yes please explain: \_\_\_\_\_

Has your child taken Martial Arts before?

Yes  No

Is your child currently taking classes?

Yes  No

How did you hear about our birthday parties? \_\_\_\_\_

Total number of guests invited: \_\_\_\_\_

Invitation papers (please select one)  Red  Green  Blue  Pink  Yellow

Would you like us to mail the invitations?  Yes  No

Special requests or notes:  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned student or parent/guardian understands the risks of studying Martial Arts and hereby releases Lewis Ventures Inc. d.b.a Mile High Karate, all instructors and all other students of Mile High Karate, from any and all liabilities for any type of injuries or loss sustained while training, studying, practicing, or participating in a birthday party, or in the application of Martial Arts or Karate. The undersigned also states the he/she is in good physical condition and knows of no reason why he/she cannot study and participate in Martial Arts. The undersigned understands that the center does not offer refunds.

In the event of an emergency I hereby authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary and agree to bear the expense of any such treatment.

Signed \_\_\_\_\_ Relation: \_\_\_\_\_ Date: \_\_\_\_\_