

KICKFIT



Martial Arts Schools

**KickFit Martial Arts Schools
3 Aldin Avenue North
Slough SL1 1RS**

Tel: +44 (0)845 230 3323

Fax: +44 (0)1753 575 433

e: info@kickfit-academy.com

w: www.kickfit-academy.com

Bring Your Friend to Class

Share the Martial Arts Benefits with a Friend or Family Member

Dear Buddy, I would like to invite you to share the martial arts benefits at the KickFit Academy. We will be able to work together in class then one of the professional instructors will take you through some basic martial arts moves. KickFit prides itself on offering professional instruction so you can be assured that everything you do will be safe and within your capabilities. We're sure you will have a fun and uplifting experience.

Find out more details at www.kickfit-academy.com

Current student; fill in your details then hand form to your buddy,

return completed form to your instructor **before** buddy day, in person or by fax

Buddy student; fill in your details and then hand back to current student,

- ***please wear sports clothes to your class***
- ***ALL details must be filled in to take part in the lesson***
(under 16 years old require parental consent)

Current Student			
Name		Belt Grade: _____	
		Class Time: _____ Day: _____	
Buddy Student			
Name		Address + postcode	
Tel: _____		DOB _____	Age _____
Do you have any disability/illness that we should be aware of? YES / NO			
<p>I agree that upon joining KickFit Martial Arts Schools I shall not hold any of the Instructors or members liable for any injury I may sustain whilst participating in activities arranged by the Academy. If I am accepted, I agree to abide by the rules and regulations of the KickFit Martial Arts Schools. I, the undersigned hereby release Ken Pankiewicz and anyone connected with KickFit from any liability in connection with my participation in the learning of the Martial Art and any injuries which could be sustained in such. I fully understand that if any medical treatment is given to me such treatment will be of the first aid type only and I fully waive all claims for injuries or damages which may result from such treatment, whether given with or without my express consent.</p>			

Signature & date (parents if under 16)

print name