



Phoenix Krav Maga and Fitness

BUDDY DAY

GUEST TICKET

Buddy of: _____

Name of Buddy: _____ Age: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Cell / Emergency Phone: _____

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I represent that my child is physically fit to receive instruction and participate in this program and I understand that I assume all risk. I knowingly and freely assume all such risk and agree that Phoenix Krav Maga and Fitness, or its owners, will not be held liable for any injuries, liabilities or damages, etc.

Name AND Signature of Parent

Date