

PURE MARTIAL ARTS FITNESS ACADEMY  
SUMMER ACTIVITIES CAMP w / Karate 2017

**Trip Cost  
\$4.00**

**TRIP PERMISSION SLIP**

(Please fill out separate slips for each Camper)

I am the parent \ guardian of \_\_\_\_\_ . I grant permission to Pure Martial Arts Fitness Academy on August 3, 2017 to take my child\children on trip (22) to **Indian Wells for swimming and Jet Ski rides**. I do understand that he \ she \ they will be transported by Pure Martial Arts Fitness Academy, Inc. The expected departure time is at 1:00 p.m. with an expected return time of 4:30 p.m. Important numbers: **PMAFA – 368-0773, PMAFA Master Purefov – c: 203-727-7421 or Ms. Priscilla – c:203-394-7467, Ms. Georgina – c:330-881-0113, U Dan Ja Nim Khyna c:203-278-7443**

I  do  do not give my child permission to go swimming.

Parent\Guardian (print name)

Signature

Date

*Tear at perforation and keep this copy for your records*

Trip Permission Slip

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**Movies, Seaside Park  
Lighthouse Run  
Playground Water Park**

