

*** DATE: SATURDAY, OCT. 24**

*** TIME: 5:00-9:00PM**

*** AGE: ANYONE 4 & UP**

*** COST: \$40 FOR A CHILD**



SIBLING DISCOUNT \$20 OFF!

PIZZA & POPCORN PROVIDED!

FRIENDS & FAMILY MEMBERS ARE WELCOME!!

Bring your child(ren) to Onekick for a night of fun, costume contest, pizza, games, and movie. We guarantee your kids will love it! Feel free to go out and enjoy your evening while you know your kids are here safe and having fun. Any children of “non-member” friends or family who would also like to participate in “**Halloween Parents’ Night Out**” are invited to join us, so please extend this invitation to them as well. All interested participants should fill out this form and return it as soon as possible. Spaces are limited!

(DROP-OFF & PICK-UP: FRONT DOOR)

Enjoy a fun romantic evening out, while your kids are professionally entertained.

-----please return the below-----

The Student and parents night out participants understands and agrees that strict observation of the rules and regulations relative to training, including the use of protective equipment, is required and that the use of facilities and the Student and parent’s night out participant’s presence at the School are at the sole risk of the Student. It is understood and agreed by the Student and parents night out participants that Martial Arts involves defensive and offensive skills and training which include violent and sudden movements and that in connection with training and instruction sessions, there will be physical contact between instructors and Students and between and among the Student themselves and that such contact may result in personal injury despite the best intentions and following adequate precautions. The Student agrees that and parents night out participants and its instructors, agents, employees, operators and authorized representatives, shall not be responsible for and are hereby released from any liability, claim, loss, including loss of property, damage, personal injury, or expense incurred by a student or anyone claiming through a student, or related to any activity connected with the School including, but not limited to, any caused by the negligence or gross negligence of the School or its instructors, Members, agents, employees, operators, or authorized representatives.

Student’s Name: _____

Emergency Contact Phone: _____

Email Address: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Payment Methods: **CASH ONLY**

Amount: **\$40** Paid _____

