



# RAHN'S Black Belt Academy

CREATING CONFIDENCE & CREATING LEADERS



## Permission Slip for Self-Defense P.E. Class

Rahn's Black Belt Academy will be teaching a Self-Defense Class at your child's school this year. Our program is designed to establish a firm foundation in many basic academic and social as well as the physical skills. Our classes will focus on the following teaching concepts;

- RESPECT
- SELF-DEFENCE vs FIGHTING
- SELF-DISCIPLINE vs OTHER DISCIPLINE
- The RIGHT PLACES TO PRACTICE Martial Arts
- How to use BLACK BELT FOCUS to improve school

The cost for this program has been waived due to the teachers support of our program. If you would like your child to participate in this class, please sign the slip at the bottom of this sheet and return it to your school by \_\_\_\_\_. We will begin the class on \_\_\_\_\_ and we look forward to teaching your child!

Thank you,

The Staff of Rahn's Black Belt Academy

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facebook.com/RahnsBBA  
Master Instructor: Shane Rahn - 6<sup>th</sup> Degree Black Belt

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[www.rahnsbba.com](http://www.rahnsbba.com)

Please RETAIN the top half of this form and RETURN the bottom half to your child's teacher. Thank-you

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School: \_\_\_\_\_ Teachers Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Mom (name) \_\_\_\_\_ Dad (name) \_\_\_\_\_

**Yes**, my child has permission to participate in Rahn's Black Belt Academy Taekwondo Program offered through my school. In consideration for my/their attendance and participation in the martial arts training offered by Rahn's Black Belt Academy, I, the student/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the school, its management, assigned staff and fellow students from any liability resulting from loss, whether personal belongings or bodily injury. I also hereby state that, I or my child is physically fit to take the prescribed course of instruction and do so of my own free will. If I have marked off the box below, I consent to an email communication regarding the free trial.

**This form must be filled out completely.**

\_\_\_\_\_  
Parent's Signature

~~Fee \$15.00~~

\_\_\_\_\_  
Date

I would like to enter my child in the draw for a FREE Trial Program.(optional)