



Chesapeake Martial Arts
 7850 Rossville Boulevard Suite #200
 Baltimore, MD 21236
 410-663-9123
 www.cmabbc.com

Chesapeake Martial Arts – Camp Program Registration Packet

Camp Program Selection:

Please check each program you may be interested in. If you check more than one, or are interested in evening and weekend martial arts classes in addition to one of the programs below, please check with us about special combination pricing.

The information on the following pages must be completed for your registration to be complete. Please bring the entire completed packet when you register.

___ Yes, I am interested in After School 2009 / 2010.

___ Yes, I am interested in some or all of the available day camp days for the 2009 / 2010 school year.

___ Yes, I am interested in Spring Break 2010. Baltimore County Public School (BCPS) Spring Break is March 25, 2010 through April 5, 2010.

If you are not in a BCPS please note the dates of your spring break: _____

___ Yes, I am interested in Summer Camp 2010. I have selected the weeks I would like to attend below:

Note: The actual date your child may begin camp may change due to school schedule changes. It may also be different than that of other students who attend different schools. CMA will make adjustments to this schedule pending school calendar changes.

Student Names	1.	2.	3.	4.
06/07/2010				
06/14/2010				
06/21/2010				
06/28/2010				
07/05/2010				
07/12/2010				
07/19/2010				
07/26/2010				
08/02/2010				
08/09/2010				
08/16/2010				
08/23/2010				
08/30/2010				



Chesapeake Martial Arts
7850 Rossville Boulevard Suite #200
Baltimore, MD 21236
410-663-9123
www.cmabbc.com

Chesapeake Martial Arts – Camp Membership Agreement

Student Information:

1. _____ / ____ / ____ M / F _____
(Student Name) (Date of Birth) (Gender) School

2. _____ / ____ / ____ M / F _____
(Student Name) (Date of Birth) (Gender) School

3. _____ / ____ / ____ M / F _____
(Student Name) (Date of Birth) (Gender) School

4. _____ / ____ / ____ M / F _____
(Student Name) (Date of Birth) (Gender) School

(Street Address) (City) (State) (Zip)

(Email Address) (Home Phone)

How did you hear about us?

Recommend a Friend:

My child desires to actively participate in the Camp Program at Chesapeake Martial Arts. My child agrees to follow all the rules and regulations that are set forth by this school and its staff. I understand that Chesapeake Martial Arts gives instructions in self-defense. I understand that the practice of Martial Arts may involve some physical risk, and that he/she might become injured as a result of the instruction and practice offered by Chesapeake Martial Arts. In consideration for instructions given, and in order to be accepted as a member, I do hereby release and discharge Chesapeake Martial Arts, its owners, agents, employees, and students from any and all actions, claims, or other liabilities which exist or may arise hereafter, directly or indirectly resulting from any students, senior students, instructors, or employees of Chesapeake Martial Arts, for any willful or wanton acts committed by other students, regardless of location.

I have reviewed the entire CMA Camp Information Packet and am aware of all of the terms, regulations and guidelines. By signing, I acknowledge and agree to all of the included terms, regulations and guidelines.

(Parent / Guardian Signature) (Print Name) (Date)



Chesapeake Martial Arts Camp - Student Health History

Completion of the student health history is required for a student to be admitted to the Chesapeake Martial Arts Camp Program. The following medical information form is to be used for the sole purpose of the complete safety of the student. This information is vital in case of an emergency. Please complete this to the best of your knowledge. Please be careful to spell all illnesses and/or medications correctly. It is very important to update any necessary changes to this pertinent information.

Student Name _____

Student Immunization Information

All Students must be current on all immunizations, see www.EDCP.org (Immunization)

Provide date (month and year) of your child's last tetanus (or DTP) shot: _____

Provide the name of the Maryland School your child attends: _____

If your child does not attend a Maryland School, you must provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (Immunization) for information.

If your child is exempt from any immunization on medical or religious grounds, you must provide a signed copy of Maryland DHMH Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

Student Allergy Information: (Please Note Medication, Food, Insect and all other allergy information.)

Student Medication Information: (Please list all medications and conditions they treat.)

Student History of Illness, Injury or other conditions:

Provide information on any additional medical conditions, psychological conditions, behavioral conditions, dietary restrictions, or special needs not listed above that we need to be aware of to ensure that your child's camp experience is safe and positive:



Chesapeake Martial Arts
7850 Rossville Boulevard Suite #200
Baltimore, MD 21236
410-663-9123
www.cmabbc.com

Chesapeake Martial Arts Camp - Student Health History Continued

Emergency Contact Information:

(Primary Emergency Contact)	(Relationship)	(Cell Phone)	(Alt. Phone)
(Secondary Emergency Contact)	(Relationship)	(Cell Phone)	(Alt. Phone)
(Student's Physician)	(Physician Phone)	(Alt. Phone)	

Student over-the-counter Medication Administration Permission: (Please indicate permission by signing each item.)

My child has permission to be administered over-the-counter medication (Children's Tylenol) for headaches and minor injuries by the CMA staff, if they feel it is necessary. I agree to supply medication appropriate for my child.

(Parent / Guardian Signature)	(Print Name)	(Date)
-------------------------------	--------------	--------

My child has permission to be administered topical ointment for cuts (i.e. Neosporin) for minor injuries by the CMA staff, if they feel it is necessary.

(Parent / Guardian Signature)	(Print Name)	(Date)
-------------------------------	--------------	--------



Chesapeake Martial Arts
7850 Rossville Boulevard Suite #200
Baltimore, MD 21236
410-663-9123
www.cmabbc.com

Chesapeake Martial Arts Camp - Parent's Request to Administer Prescription Medication in Camp

The Request to Administer Medication form must be completed and signed by you and your child's medical provider.

A new form is needed for all changes in medication, dose, or time.

The medication should be brought to school by a parent/guardian or responsible adult.

The medication container must be labeled by the pharmacy with the student's name, prescriber's name, name of medication, dosage, route, conditions for storage, prescription date, and expiration date.

Expired and discontinued medication not picked up by the last day of Camp will be destroyed.

Health Care Provider's Instructions for Giving Medication in School

(Student Name)	/ /	(Date of Birth)	(Grade)	/ / - / /	(Medication Administered From - To)
(Medication Name)	(Condition)	(Dose)	(Route)	(Time/Frequency)	
(If PRN, Frequency)	(If PRN, for what symptoms)				
(Please specify all relevant side effects. If not are expected - please write "None Expected")					
(Prescriber's Name / Title)	(Address)	(Phone)	(Fax)		
(Prescriber's Original Signature or Signature Stamp)				(Date)	

Parent/Guardian Authorization

I request designated Chesapeake Martial Arts Summer Camp personnel allow _____ to self-administer the medication as prescribed by the above prescriber. The student named above fully understands the necessity and process of taking the above medication. I certify that I have legal authority to consent to medical treatment for the student named above, including the self administration of medication at Camp. (I understand that at the end of Camp, an adult must pick up the medication, otherwise it will be discarded). I understand that CMA designated personnel will communicate questions or concerns regarding administration of medication to the Parent(s)/Legal Guardian(s).

(Parent / Guardian Signature)	(Print Name)	(Date)
-------------------------------	--------------	--------

Authorization for Student to Carry Epi-Pen and/or Inhaler

(Parent / Guardian Signature)	(Date)	(Prescriber Signature)	(Date)
-------------------------------	--------	------------------------	--------

CMA USE ONLY

Date form received at CMA: _____ Received by: _____



Chesapeake Martial Arts
7850 Rossville Boulevard Suite #200
Baltimore, MD 21236
410-663-9123
www.cmabbc.com

Chesapeake Martial Arts Camp – Permissions

Field Trip Permission

I _____ give Chesapeake Martial Arts my permission to take _____
(Parent / Guardian Name) (Student Names)

on field trips throughout the CMA After-School Program. I also give permission for my child to participate in all CMA activities throughout the After-School Program. To help simplify our field trip organization, it is helpful to know if your child can swim.

Please indicate if your child can swim and if so, how well: _____

I understand that every precaution will be taken to avoid any injuries and agree that the school will not be held liable for injuries, damages, etc. not caused by or resulting from the negligence of the owners, operators, employees or persons in charge of such activities.

(Parent / Guardian Signature)

(Print Name)

(Date)

Video Game Permission

CMA policy is to allow students to play video games rated E (Everyone), E10 (Everyone 10 years or older), and T (Teen). CMA restricts any games rated above T or un-rated. Video games are only played during scheduled free-time periods during our camp program.

If you accept CMA's policy, do nothing further. Sign below **only** if you would like us to further restrict video games from your child.

Please restrict my child from playing video games. My child can play games up to (circle either **E** or **E10**).

(Parent / Guardian Signature)

(Print Name)

(Date)