



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

Chesapeake Martial Arts – Summer Camp Mail-In Registration Form

Registering for Summer Camp is quick and easy!

Step 1: Select your weeks: (Use 1 column per student)

Student Names	1.	2.	3.	4.
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				

Step 2: Calculate your payment:

Registration is \$74.95 per child

1-4 weeks: \$230.00 per week, per child, 5-8 weeks: \$205.00 per week, per child, **9+ weeks: \$195.00 per week, per child**

Family Discount: There is a 15% discount on the second child and 50% discount on the third and fourth children.

To register, you must pay the registration charge for each child. You will be contacted with information on completing your contract and obtaining your uniform and camp shirt.

Step 3: Add Payment Info:

Option 1: Make check payable to “Chesapeake Martial Arts”. A \$25.00 fee is charged for all returned checks.

Option 2: Pay with a credit card:

___Mastercard ___Visa ___Discover ___American Express Card #: _____

Exp: _____ CVV2: _____ Amount to Charge: \$ _____

Cardholder Signature: _____

Option 3: Bring Completed forms to Chesapeake Martial Arts at the address below.

Step 4: Mail Completed Forms To:

Chesapeake Martial Arts
 Summer Camp Registration
 7850 Rossville Blvd. Suite 200
 Nottingham, MD 21236



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Chesapeake Martial Arts – Student Information

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:



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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)
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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)
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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)