

Cutting Edge Martial Arts

2025 Summer Camp Registration Form

Registration (this form and a \$99 deposit) is due no later than the Friday before the camp session starts with the remaining \$200 balance (\$80 half-day) due the first day of camp. Daily camp schedule and items needed will be emailed out the week before each camp. All camps held at Cutting Edge Martial Arts, 2430 N7th #2, Bozeman. \$10 discounts on the balance apply per additional family member, additional camp, and per month of registration before June. All discounts are halved for half-days.

Camp Dates: Session I June 16-20th Game Design June 7-11st Session II July 14-18th Game July 21-25th
Session III Aug. 4-8th Teen Aug. 11-15th **Camp times:** 9am-5pm. **Half session:** 9am-1pm.

Sessions (Circle) → **Kids I II III** **Game Design** **Game** **Teen** **Half Day?**

Camper's name: _____ Date: _____

Camper's age at time of camp: _____ Camper's date of birth: _____

Name of parent or guardian: _____

Address: _____ Primary phone: _____

Email: _____ Secondary phone: _____

School camper attends: _____ Going into which grade? _____

If camper has prior experience in martial arts, what rank? _____

If camper is not a student of our school, how did you hear about it? _____

Is there anything else you would like us to know about your child? _____

Does your child have any of the following allergies?

Hay fever Bee stings Insect bites Penicillin Peanuts Other _____

If the above can't be reached, whom should we contact in case of emergency? _____

Relation of contact to camper: _____ Emergency phone: _____

Has your child had any of the following?

Chicken pox Tuberculosis Epilepsy Hepatitis Mononucleosis

Other(including heart or lung conditions or any other chronic or recurring illness) _____

Does your child have asthma? Y N Does your child wear glasses or contacts? Y N

Is your child taking any medication? Y N If yes, please list medications and reason: _____

I hereby give permission for Cutting Edge Martial Arts to dispense prescribed medications to my child.

Parent or guardian's name: _____ Signature and date: _____

Has your child ever been hospitalized? If so, please indicate when and for what reasons: _____

Local doctor's name: _____ Phone: _____

I hereby swear that all the foregoing information is true and correct to the best of my knowledge.

Parent or guardian's name: _____ Signature and date: _____

In the event that my child needs immediate medical care and neither parent nor the child's local doctor is available, I authorize Cutting Edge Martial Arts to seek emergency treatment at Bozeman Deaconess Hospital and to have a doctor or nurse administer necessary medical treatment and/or to have necessary X-rays taken for emergency care.

Parent or guardian name: _____ Signature and date: _____

Insurance company: _____

Policy number: _____

Insurance Phone: _____ Claimant's name: _____

Claimant's signature and date (for care): _____

Drop off at CEMA, 2430 N7th #2 OR Mail to: Mark Austin, 307 Helen Drive, Belgrade, MT 59714