Cutting Edge Martial Arts
2023 PIR/Winter Camp Registration Form

Registration by drop-off of the first camp session. Daily camp schedule and items needed will be emailed out the week before each camp. All camps are held at Cutting Edge Martial Arts, 2430 N7th #2, Bozeman.

Camp sessions: PIR October 19, October 20, January 15, May 24
Winter I December 20-22 Winter II December 27th-29

Camp times: 9am-5pm.
Drop off starts 8:30am

Sessions (Circle): PIR 10/19 10/20 1/15 5/24 Winter I Winter II

Camper's name: ________________________________ Date: ____________________
Camper's age at time of camp: _____ Camper's date of birth: ______________ Sex: M F
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 Dr., Belgrade, MT 59714