

**Cutting Edge Martial Arts**  
**2022 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 sessions:** Session I June 13-17<sup>th</sup> Game Design I June 20-24<sup>th</sup> Session II July 11th-15<sup>th</sup> Game II July 18-22<sup>nd</sup>  
Session III Aug. 8-12<sup>th</sup> Teen Aug. 15-19<sup>th</sup>      **Camp times:** 9am-5pm.      **Half session:** 9am-1pm.

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

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**