



Baltimore Elite Martial Arts Academy
7850 Rossville Boulevard Suite #200
Baltimore, MD 21236
410-663-9123
WWW.BEMAA.COM

Baltimore Elite Martial Arts Academy – 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 2011 / 2012.

Yes, I am interested in some or all of the available day camp days for the 2011 / 2012 school year.

Yes, I am interested in Spring Break 2012. Baltimore County Public School (BCPS) Spring Break is April 02, 2012 through April 09, 2012. Private school and City School spring breaks may also be accommodated by our schedule.

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

Yes, I am interested in Summer Camp 2012. Our camp runs June 4, 2012 to August 24, 2012.

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. Baltimore Elite will make adjustments to this schedule pending school calendar changes.

When filling out the following registration packet pages, you may put up to 4 children's names on the first page. All of the information on the following pages will be used for each child unless otherwise noted.

For specific information relating to one child, please put the child's name next to that information so that it's clear. Please print out a separate copy of any page where you have too much information to fit neatly on one page. For example, each child may have their own student health history. Or a single child may be taking 2 prescription medications and we need permission for each medication administered in camp.

If you have any questions, please give us a call at 410-663-9123, or email the question to Info@bemaa.com. When emailing, please include your name, the student's name and contact information.



Baltimore Elite Martial Arts Academy – 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 Baltimore Elite Martial Arts Academy. My child agrees to follow all the rules and regulations that are set forth by this school and its staff. I understand that Baltimore Elite Martial Arts Academy 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 Baltimore Elite Martial Arts Academy. In consideration for instructions given, and in order to be accepted as a member, I do hereby release and discharge Baltimore Elite Martial Arts Academy, 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 Baltimore Elite Martial Arts Academy, for any willful or wanton acts committed by other students, regardless of location.

I have reviewed the entire Baltimore Elite 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. Each page of this registration must be completed before your child can attend a camp program.

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



Baltimore Elite Martial Arts Academy Camp - Student Health History

Completion of the student health history is required for a student to be admitted to the Baltimore Elite Martial Arts Academy 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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Baltimore Elite Martial Arts Academy Camp - Student Health History Continued

Emergency Contact Information, other than principle parent / guardian:

(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 Baltimore Elite 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 Baltimore Elite staff, if they feel it is necessary.

(Parent / Guardian Signature)	(Print Name)	(Date)
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Baltimore Elite Martial Arts Academy Camp - Parent's Request to Administer Prescription Medication in Camp

Fill out this form only if your child must receive prescription medication in camp. Fill out 1 form for each medication. 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 none 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 Baltimore Elite Martial Arts Academy 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 Baltimore Elite 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)

BALTIMORE ELITE USE ONLY

Date form received at Baltimore Elite: _____ Received by: _____



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Baltimore Elite Martial Arts Academy Camp – Permissions

Field Trip Permission

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

on field trips throughout the Baltimore Elite After-School Program. I also give permission for my child to participate in all Baltimore Elite 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)