

MMACA CAMP FORM

CAMP MUST BE PAID IN FULL AT TIME OF BOOKING

Check one of the following camps you are signing up for.

One Day Camp Spring Camp
 Winter Camp Summer Camp

For Multiple Week Camps Only:

<input type="checkbox"/> W1	-	<input type="checkbox"/> W6	-
<input type="checkbox"/> W2	-	<input type="checkbox"/> W7	-
<input type="checkbox"/> W3	-	<input type="checkbox"/> W8	-
<input type="checkbox"/> W4	-	<input type="checkbox"/> W9	-
<input type="checkbox"/> W5	-	<input type="checkbox"/> W10	-

_____ I have received a copy of Miami Martial Arts Champions Academy's Rules & Policies.

_____ I have read, understood, and agree to the Rules & Policies enforced by Miami Martial Arts Champions Academy.



STUDENT INFORMATION

Child Name 1: _____ Age: _____
 Child Name 2: _____ Age: _____
 Child Name 3: _____ Age: _____
 Child Name 4: _____ Age: _____
 Parent Name: _____
 Phone 1: _____ - _____ - _____ C/H/W Phone 2: _____ - _____ - _____ C/H/W
 Address: _____
 City: _____ State: _____ Zip: _____

APPROVED PERSON for CHILD PICKUP: (IF OTHER THAN PARENT LISTED)

Name: _____ ID Type: _____
 Phone #: _____ - _____ - _____ Cell / Home / Work
 Name: _____ Phone #: _____ - _____ - _____
 Name: _____ Phone #: _____ - _____ - _____

PAYMENT INFORMATION

Payment Type: (circle one) Cash / Check / VISA / MC / DISC / AMEX

IF CARD

CARD #: _____ CVV: _____ Exp: ____/____/____
 Billing Zip Code: _____ Signature: _____ Date: ____/____/____

IF CHECK – Check Number _____

Student Allergies

Food / Animal Allergies

Allergic To:	Medication Prescribed:

Natural / Seasonal Allergies

Allergic To:	Medication Prescribed:

Medications

Allergic To:	Medication Prescribed:

Emergency Contacts

Parent / Guardian:	Physician Name:
Primary Contact #:	Company Name:
Secondary Contact #:	Contact #: