

# Ruyter's Academy of Martial Arts Camp

9805 Main Street, Suite 206, Damascus, MD 20872  
301-693-7694

## CAMPER REGISTRATION

Camper's Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### CAMPER / SESSION INFORMATION

NAME INCLUDE LAST NAME IF DIFFERENT FROM PARENT				
	[ ] M [ ] F	[ ] M [ ] F	[ ] M [ ] F	[ ] M [ ] F
DATE OF BIRTH	DOB: _____	DOB: _____	DOB: _____	DOB: _____
ENROLLMENT INFORMATION	<input type="checkbox"/> Session I June 27 - July 1 <input type="checkbox"/> Session II July 11 - July 15 <input type="checkbox"/> Session III July 25 - July 29 <input type="checkbox"/> Session IV August 8 - August 12 <input type="checkbox"/> Session IV August 22- August 26 <input type="checkbox"/> After Care	<input type="checkbox"/> Session I June 27 - July 1 <input type="checkbox"/> Session II July 11 - July 15 <input type="checkbox"/> Session III July 25 - July 29 <input type="checkbox"/> Session IV August 8 - August 12 <input type="checkbox"/> Session IV August 22- August 26 <input type="checkbox"/> After Care	<input type="checkbox"/> Session I June 27 - July 1 <input type="checkbox"/> Session II July 11 - July 15 <input type="checkbox"/> Session III July 25 - July 29 <input type="checkbox"/> Session IV August 8 - August 12 <input type="checkbox"/> Session IV August 22- August 26 <input type="checkbox"/> After Care	<input type="checkbox"/> Session I June 27 - July 1 <input type="checkbox"/> Session II July 11 - July 15 <input type="checkbox"/> Session III July 25 - July 29 <input type="checkbox"/> Session IV August 8 - August 12 <input type="checkbox"/> Session IV August 22- August 26 <input type="checkbox"/> After Care

Special Requests: \_\_\_\_\_

**All Session:** \$159 for first child, \$119 for the second & \$99 each additional.

**Extended Hours Charge:** \$10 per day, per family.

**Camper Responsibility:** Campers are responsible for all personal belongings or equipment.

**\*\*\*WE ARE A NUT FREE FACILITY\*\*\***

Please submit payment with application.  
Thank you.

## MEDICATIONS & IMMUNIZATION RECORDS

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This camper **takes NO medications** on a routine basis.      OR       This camper **takes medications** as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Attach additional pages for more medications. Identify any medications taken during the school year that camper does or may not take during the summer:

**RESTRICTIONS** (The following restrictions apply to this camper)

Does not eat:  Red meat  Pork  Dairy products  Poultry  Seafood  Eggs  Other (describe) \_\_\_\_\_

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the camper herein described has permission to engage in all camp activities except as noted.

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of family dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**I hereby give permission to the camp to administer prescribed medications and seek emergency medical treatment.**

Signature of parent or guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**ALLERGIES** List all known.

Medication allergies (list)

Describe reaction and management of the reaction.

\_\_\_\_\_

\_\_\_\_\_

Food allergies (list)

\_\_\_\_\_

\_\_\_\_\_

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_

\_\_\_\_\_

**Condition of Enrollment:** We reserve the right to cancel any camper enrollment or dismiss a camper whose physical or mental condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interest of the camp, in which case the deposit or unused camp fee will be refunded. Ruyter's Academy of Martial Arts reserves the right to use photos or video taken of campers during the season for publicity and/or marketing purposes.

\_\_\_\_\_  
*Parent/Guardian Signature & Date*