



FMAA 2009 Summer Karate Camp Registration

General Camper Information

Camper's Last name _____ First name _____

Date of Birth _____ Age: _____ Grade as of Sept. 2009 _____

Street Address _____

City, State, Zip _____

Telephone # _____ e-mail _____

Mother's Full Name _____

Mother's cell Number _____

Father's Full Name _____

Father's cell Number _____

Emergency Contact (not a parent): _____



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Health History

Please list any physical limitations and/or medical conditions (allergies, hearing, sight, asthma, diabetes, etc.)

Please complete the following:

1. Currently under physician's care for

2. Current medications being

taken: _____

3. Were you or your child ever advised not to do martial arts for any reason? _____

If yes, why? _____

4. Please list any other pertinent information we should know regarding your child's physical or mental health and wellbeing: _____

Signature of Parent or Guardian

Date



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Weeks Camp Is Available: (check all weeks wanted)

- June 22-26
 June 29 - July 3
 July 6-10
 July 13-17
 July 20-24
 July 27-31
 August 3-7
 August 10-14
 August 17-21
 August 24-28

_____ (Total # of weeks)

Tuition

(There is a one time registration fee of \$50 for non-FMAA students and \$25 for FMAA students)

Register for 1-3 weeks: Pay \$180 per week

Register for 4-6 weeks: Pay only \$170 per week

Register for 7-10 weeks: Pay only \$160 per week

_____ X \$ _____ = \$ _____
total # of weeks amount total tuition

