



2017 SUMMER CAMP REGISTRATION

		Summer Camp 7:00am-		
Weekly Price for Early Registration by		\$175.		
Weekly Price for Late Registration 6/28/17		\$200.		
Weekly Drop-in Price after camp 6/19/17		\$225.		
Weeks	Dat	Please Check Weeks of		
Week 1	Jun 19 - June 23			
Week 2	Jun 26 - Jun 30			
Week 3	Jul 4 - Jul 7			
Week 4	Jul 10 - Jul 14			
Week 5	Jul 17 - Jul 21			
Week 6	Jul 24- Jul 28			
Week 7	Jul 31 - Aug 4			
Week 8	Aug 7 - Aug 11			
Week 9	Aug 14- Aug 18			
Week 10	Aug 21 - Aug 25			
Week 11	Aug 28 - Sept 1			

Sibling Discount	Second	Third	Fourth
	\$10 off	\$15	1/2 off

Registration fee includes 1st week payment due by 4/19/2017. Registered week payments are due prior to that week's attendance. All campers will sign MSI agreement form.

Please mark the weeks desired. All commitments are considered final 2 weeks after attendance. In case of cancellation, there will be a fee equal to 25% of weekly tuition charge. Weeks can be exchanged up to 2 weeks prior to week of attendance. Daily camp for specific days is available from 7:00am to 6:00pm for a cost of \$55.00 daily.

Parents/Guardians must read and fill out all forms. Please fill out ALL forms even if your child is already enrolled in the ASP and/or attended Summer Camps previously.

By signing the space provided below, you signify that you agree and understand all tuition changes, rules, and regulations of Xtreme Mpack's Summer Camp.

Child's Name: _____
 Child's Name: _____
 Child's Name: _____

DOB: _____
 DOB: _____
 DOB: _____

Parent Name: _____ Address: _____

Parent Signature: _____ Date: _____

Down Payment: 3 T-shirts/ Uni/ 6 Fl / Other

/ Shoe Size

Down Payment Total:

Advanced Weeks Paid? 2/3/4/5/6/7/8/9/10/11

First Week Payment: _____

Total Paid: _____

Summer Camp 2017

Important Parent/ Guardian Information:

1. Registration for camp requires payment of registration fee ranging from registration fee ranging from \$220

- \$340 per child depending on which items you already have and if you would like to purchase

\$30

for 3 T-shirts (mandatory for **ALL field trips**)

\$50

(save \$20) for the New Xtreme Mpac Uniform (optional if already

\$15

have one) Kali Sticks (mandatory for class)

\$175

for the First week

The following is not mandatory:

\$70

for Six Flags Seasons Pass

***If you decide not to purchase the Six Flags Season Pass in the deposit and your child doesn't already have one or a general admissions ticket, parents must provide their child with their own pass/ticket or make alternate arrangements on the day of the trip. There is no guarantee that staff will be at the facility at the time of the trip.

2. Payments are due 2 weeks prior to the first week of camp. June 20 - June 24

3. All payments besides the down payment will be made through Member Solutions through your choice of Credit/Debit card or EFT.

4. Drop off time is from 7:00am to 8:30am. If you do not make it by this time, your child will miss out on the field trip and/or event planned for that day.

5. Pick up time is 6pm. Please pick up your child on time. A late fee of \$5 will be charge for the first 10 minutes, followed by a charge of \$1 per minute after the first 10 minutes.

6. If your child has a fever or any other contagious infection/condition, they must wait 24 hours before returning.

7. Xtreme Mpac will not be held responsible for the loss of any valuables and/or electronics your child brings to the facility. No more than 3 Nintendo DS/3DS or any other game system games are allowed at the camp per day.

8. Any child involved in stealing or any other altercation with other students and/or staff will be first given a warning and phone call, the second offense will result in a 3 day suspension without refund of tuition or fees, and the third offense is grounds for dismissal from camp without refund.

9. Students must bring a packed lunch unless it is otherwise noted in the schedule that lunch will be provided.

Also, please be aware of the day's activities, especially during field trips; **a microwave may not be available.**

10. Do not send cash or request staff to purchase lunch for your child. We do not have the staff to support this request and need to focus all of our attention on the students.

11. Children must wear their 2017 Summer Camp T-shirts during any field trip. If your child does not have their shirt they will not be attending the trip and will stay with a staff member at the facility.

~~12. If your child has an appointment during camp hours, the parent must notify the staff of the~~

By signing below, the parent acknowledges the above rules and regulations as listed within this

Date: _____

Parent Name: _____

Parent/Guardian Signature: _____

Permission to Ride

I hereby authorize Xtreme Mpact to transport my child/children to any of and all activities.

In the event I elect NOT to have my child participate in a particular activity, I will notify the school in writing of my decision. Furthermore, I will make my alternative arrangements for my child for the duration of the planned activity.

Student(s) Name(s): _____

Parent/ Guardian Name:

Parent/ Guardian Signature: _____

Date:

Emergency/Medical

Parent(s) Information:

Name:

Phone Number:

Name:

Phone Number: _____

In case of emergency, if neither parent/guardian can be reached, call:

Name:

Phone Number:

Name:

Phone Number:

Name: _____

Phone Number: _____

Does your child have any medical concerns? (If yes, please specify below.)

Does your child have any allergies? (If yes, please specify below.)

Do you have any concerns you wish to share about your child? (If yes, please specify below.)

I have documented above all precautions and instructions regarding my child's medication or medical needs. I have noted any special health-related conditions or allergies regarding my child.

Parent/Guardian Name: _____

Parent /Guardian Signature:

Student Health History

Completion of the student health history is required for a student to be admitted to the Impact Martial Arts Summer Camp and After School Program. The following medical form is to be used for the sole purpose of the complete safety of the student. This is vital in case of emergency. Please complete this to the best of your

Student Name: _____

Student Immunization Information:

All Students must be current on all immunizations, see www.EDCP.org

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 the Maryland DHMH Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent/guardian that they object to immunizations for religious reasons.

Students Allergy Information: (Please Note Medications, Food, Insect and all other allergy information)

Student Medical 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

conditions, dietary restrictions, or special needs not listed above that we need to be to ensure that your child's experience at Xtreme Mpack is safe and positive:

Emergency Contact Information:

Primary Emergency Contact	Relationship	Cell Phone	Alt. Phone
Secondary Emergency Contact	Relationship	Cell Phone	Alt. Phone
Student's Physician	Physician's 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 Xtreme Mpack Martial Arts staff, if they feel it is agree to supply medication appropriate for my child.

Parent/Guardian Signature	Print Name	Date
My child has permission to be administered topical ointment for cuts (i.e. Neosporin) for minor injuries by the Xtreme Mpack staff, if they feel it is necessary.		
Parent/Guardian	Print Name	Date