



CMA SUMMER CAMP GUIDELINES

- Parents should drop off child(ren) between 7:00 and 9:00 a.m. Activities begin at 9:00 Sharp! Please notify school as early as possible if child will not be attending that day.
- CMA must be notified at signing of ALL allergies (including FOOD allergies)
- Deposit, due at signing, will hold your child's spot and cover Martial Arts Pants and Camp T-shirt.
- All contracted weeks will be paid through Credit Card, check or cash every Monday morning.
- Parent is responsible for payment of all contracted weeks so long as CMA staff is available. This includes any missed days, vacation days, and sick days.
- Please keep your child at home or arrange for backup care when any of the following are present: vomiting, fever, diarrhea, rash, severe cough, any mucus discharge from eyes or nose.
- In case the child(ren) are unable to bring a snack, they may purchase the snacks at our facility.
- Children **MUST** bring a bagged lunch **Every Day** except if purchasing Pizza 2 days out of the week. Purchase 1 slice of pizza , a bag of chips and a drink for \$4.00 – additional slices will be \$1.50 each.
- Students must bring a clean uniform with their belt **Every Day**. We will be having Martial Arts classes daily. Parents please check to ensure that your child leaves with everything they came with when you pick them up.
- Pick up time begins at 4:30 and **NO LATER** than 6:00 p.m. A charge of \$10.00 for the first 5 minutes will apply for ALL late pickups and \$1 per minute thereafter. No exceptions! No excuses! Please be prepared to pay upon pickup!
- Any additional charges for **Special** field trips are the responsibility of the parents. All fees will be posted at least 1 week in advance.
- We will be going swimming 2-3 days out of the week to a water park or pool in the area. **No cutoffs, tanks, etc are allowed – swimsuits only are permitted** – each student must also supply a towel and suntan lotion. Please be sure your child has shoes daily – tennis shoes are preferred, on pool days, water shoes are recommended.
- **PLEASE BE SURE YOUR CHILD HAS A CMA T-SHIRT DAILY FOR OUR FIELD TRIPS.**

We try very hard to accommodate your needs, but we must have guidelines to make everything run smoothly. Please help us serve all of our members.



SUMMER CAMP NEWSLETTER

Welcome Campers and Parents to the Summer of 2010 at Chesapeake Martial Arts!!! We are so excited that you chose us for your summer of fun and we hope that this is the best summer yet for you and your children!

Some helpful info and friendly reminders:

- ✘ Lunches/snacks should be packed daily
- ✘ Suntan Lotion and towels should be labeled
- ✘ Uniforms and Belts are needed EVERY day
- ✘ Pick-up time is NO LATER than 6PM. NO EXCEPTIONS!!
- ✘ Each camper should bring his/her CMA T-Shirt EVERY day
- ✘ Trips will be announced in advance so that parents/children can plan accordingly
- ✘ Any medications, allergies, etc. need to be reported to CMA
- ✘ Bathing suits should be brought on Swim days
- ✘ Sneakers are recommended on days we do not go to the pool
- ✘ All children need to be signed in AND out by the adult picking him/her up

Please feel free to ask any questions you may have. We want this summer to run smoothly for the children, parents, and staff. We look forward to a great summer!!

Thank you,
The Staff of Chesapeake Martial Arts
summercampnewsletter

Summer Camp Registration Pricing

2010 Summer Camp Runs from 6/21– 8/27

*Registration Fee	\$49.95	Includes Uniform Pants & 2 s/c t-shirts
Tuition	\$115 per week	if Register by 3/15
	\$125 per week	After 3/15/ (5+ weeks)
	\$135 per week	After 3/15/ (1-4 wks)

Sign up by March 15 and pay only \$115.00 per week

***Must pay \$20 for each week reserved in addition to registration fee at time of registration. The \$20 will come off of weekly cost. This will hold spot. Non-Refundable**

3 day rate \$100 per week

2 day rate \$80 per week

Camp Includes:

Filed trips to Jolly Rogers, Local Parks, Beach and much more.....

New this year: Spanish Lesson, Swimming Lessons, Jui-Jitsu, Grappling, and Tumbling.

Tuesday/Thursday- Pizza Day

Meals are \$4.00 each



Membership Agreement
Chesapeake Martial Arts
 9919 Stephen Decatur Hwy
 Ocean City, Maryland 21842
 410-213-9040
www.cmakarate.com

After School
 Summer Camp
 Spring Break

 (other)
 Uniform Size _____

Section I

Date ___/___/___

Parent/Legal Guardian (Buyer) _____
 First Name Last Name

E-Mail Address _____

Child(ren)'s Name(s) 1. _____ 2. _____ 3. _____
 (D.O.B.) (D.O.B.) (D.O.B.)

Address _____ City _____ ST _____ Zip _____

Phones: Home _____ Work _____ Cell _____

Employer's Name _____ Job Title _____

Employer's Address _____

D.L.# _____ SSN _____

Spouse Name _____ Spouse Employer _____

In case of Emergency, contact _____ Phone _____

Only the following people will be allowed to pick up my child without written permission:

 Your child's school _____ Phone Number/Contact _____

How did you hear about us? _____

Any Health Concerns? (ex: Allergies/Physical Problems)

Date of last Tetnus: _____

Section II=====

Program description: _____

Length _____ weeks, Starting Date: ___/___/___ Ending Date: ___/___/___

At the rate of \$ _____ per week / month / _____ Total: _____

Downpayment & Registration: _____

Balance due: _____

Payment beginning on ___/___/___ and continuing for ___ consecutive weeks/months.

ACH Information

I, the buyer, agree to have funds electronically deducted according to the above schedule
 From the following account:

MC VISA DISC card # _____

Expiration Date: _____ Authorized Signature _____

(date)

Name as it appears on Card _____

Please Note:

Payment is due and payable the last day of each week for the following week. There will be a \$25.00 service charge for any returned check, or Credit Card. If payment is not received for any reason, we cannot provide service until payment is made. NO REFUNDS.

Buyer _____ Date _____

Section II

Additional Terms and Conditions

I, as the Buyer, enter into this Agreement with Chesapeake Martial Arts (hereinafter referred to as “the School”), and do hereby agree, on behalf of myself, my children, and all persons who become entitled to use the facilities of the School by virtue of my membership as follows:

WAIVER AND RELEASE: I and my child(ren) fully recognize the risks of injury and/or illness inherent in participation in any fitness or martial arts program, and we represent to the School that we have taken all reasonable steps to determine, and hereby warrant, that we are in good health and physically capable of participating in the programs and courses of instruction offered by the School. We acknowledge that the School shall make no, and shall have no responsibility to make any independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the School’s facilities or equipment on or off the premises of the School shall be at our own risk.

I understand 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 establishment out of or in connection with our participation in any program or course of instruction either on or off the premises of the School. We understand and agree that the School shall not be responsible for the conduct of other users of the School or its facilities or equipment, or participants in the School’s off-premises programs, or for any injury or damage to property resulting from such conduct and we shall bring any action of proceeding against the School for any payment compensation or claim for any injury or loss of property caused by any such user.

LOSS/DAMAGE/THEFT OF PROPERTY: We understand and agree that neither the School, nor its officers, directors, agents, or employees shall be responsible for any personal property which is damaged, lost, or stolen in or around the School or its facilities, or any of the School’s off-premises events.

RULES AND REGULATIONS: I and my child(ren) agree to abide by the rules and regulations governing the conduct and operation of the facilities. We understand that the School has the right to alter or amend any and all rules and regulations, including those set forth in this Membership Agreement, and we agree to abide by all such amended rules and regulation. We acknowledge that we have been provided with a copy of all current rules and regulations.

We understand that our membership and the right to use the School’s facilities and programs may be suspended or terminated at any time, with or without cause.

ADDITIONAL COSTS: We understand and agree that there will be special events held at the school, including but not limited to belt tests, tournaments, camps, sleep-overs, etc., and these events all incur additional fees beyond the amounts set forth in this Agreement. We also understand and agree that the cost of uniforms, equipment, supplies, and food items such as snacks are not included in the cost set forth above, and must be purchased separately.

PHOTOGRAPHS: We hereby authorize the center and its agents, successors and assigns to photograph me or my child(ren) and/or our voice without restriction and to utilize such photographs and /or voice transcriptions for any commercial purpose, including but not limited to the promotion and marketing of the School, and we agree that we shall not be entitled to receive any compensation whatsoever of any kind as a result of such use.

PAYMENT: I understand that my tuition is arranged to be made in monthly installments and is not affected by my training schedule and/or attendance. I further understand that failure to complete the training does not relieve me of my obligation to pay the tuition in full.

As required by the General Obligations Law, you have certain rights to cancel this agreement. These are set forth in SECTION III of this agreement and are made a part of this agreement. You may cancel this agreement without any penalty or penalty or further obligation within three (3) days from the date of this agreement. Notice of cancellation shall be in writing and mailed to the school by registered or certified mail.

A late charge of Ten dollars (\$10.00) will be assessed for any payments one (1) day past due.

I UNDERSTAND MY RIGHTS AS STATED ABOVE

Accepted by _____ Date _____

Student/Parent Signature _____ Date _____

Section III =====

Consumer’s Right to Cancellation

You may cancel this contract without any penalty or further obligation within three (3) days from the date of this agreement and receive full refund on down payment. Notice of cancellation shall be in writing and mailed to the school by certified mail.

If you move your residence more than 25 miles from the school facility, cancellation under this section requires written proof of new permanent address, phone number, name and address of new employer and requires 30-day advance written notice.

Notice of Consumers’ Rights

1. Our school registration number is E2625.
2. Our school is not required to carry a performance bond under regulations since we do not collect more than three months tuition in advance or an initiation fee of over \$200.
3. You have the right to cancel this contract within three (3) business days after receipt of a copy of this contract. Cancellation must be in writing, and delivered either in person or by certified or registered mail to the school. You are entitled to a full refund if cancellation is received within three (3) business days.
4. If you become disabled for at least three (3) months during the membership terms and that disability is confirmed in writing by a physician, you have a right to an extension and/or termination of the contract.
5. If the school is closed for a month or more, you are entitled to your choice of either an extension of the contract or prorated refund, except if the closing is not the fault of the facility, in which case the choice of remedy is the school’s.
6. This Notice of Consumer’s Rights is an integral part of the Application and Contract for Membership.

STUDENT’S OR GUARDIAN’S INITIALS

**CHESAPEAKE MARTIAL ARTS
CAMPER HEALTH HISTORY**

The following information is required for a camper to be admitted to day camp:

STUDENT NAME: _____

ALLERGIES:
(i.e., medication and/or food)

MEDICATIONS:
(Currently being used for treatment of existing illness/injuries.)

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive.

EMERGENCY CONTACT INFORMATION:

Contact Person(s) and Relationship	Phone Number
1.	
2.	
Doctor's Name	Phone Number
1.	

CAMPER IMMUNIZATION INFORMATION:

All campers must be current on all immunizations, see www.EDCP.org (Immunization).

1. Provide date (month and year) of camper's last tetanus (or DTP) shot: _____
2. Is the camper currently enrolled in a Maryland school, public or private?
____ Yes, provide name of Maryland school: _____
____ No, 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.
3. Is the camper exempt from any immunization on medical or religious grounds?
____ Yes, provide a signed copy of Maryland Department of Health and Mental Hygiene 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.
____ No

Parent or Legal Guardian's Signature

Date

