

Early Registration

U.S. Martial Arts Academy Summer Camp Registration

Child's Name	Address	(City,State,Zip)
Pediatrician	Phone	Allergies
Home phone	DOB	Sex: M F
Mothers name	Address	(City,State,Zip)
Business	Occupation	Address
Home phone	Work Phone	Social Security
Fathers name	Address	(City,State,Zip)
Business	Occupation	Address
Home Phone	Work phone	Social Security

Emergency Contacts and Escorts

The USMAA will not release any child without consent of the parent or guardian. Please list at least three other persons, other than the ones listed above, authorized to pick up your child. Inform them that proper identification, including photo ID, will be requested upon arrival at the USMAA.

Name _____	Address _____	Home phone _____
Relation _____	city,st,zip _____	Work phone _____

Name _____	Address _____	Home phone _____
Relation _____	city,st,zip _____	Work phone _____

Name _____	Address _____	Home phone _____
Relation _____	city,st,zip _____	Work phone _____

Custodial Information

If a non-custodial parent is not authorized to pick up my child, explain why on the back of this form and attach documents (i.e.Court orders or divorce papers)

Emergency Medical Release

In the event that a medical emergency occurs and all attempts to reach me have failed, I allow medical care for my child, as deemed necessary by the director.

Insurance _____	Policy# _____	Signature _____
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Sunscreen/Repellent

I understand that my permission Human Services for the USMAA Staff to apply any topical ointment to my child. I have provided such to be applied when my child is outdoors.

Sunscreen _____	Repellent _____	Signature _____
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Photo Release

I hereby grant my full permission for any photograph y and video to the USMAA for commercial art purposes and for Summer Camo only, in any medium of advertising, publicity, or communication with or without my name or accompanying quotation.

Signatutre _____	Date _____
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No later than March 31 with \$45