



# BALTIMORE MARTIAL ARTS ACADEMY CAMP APPLICATION

## JUNE 14 - AUGUST 13

Please fill this form out completely and sign where requested. Use one application per camper.  
 To download additional forms, visit: [baltimoremartialarts.com](http://baltimoremartialarts.com). Call Gary Berger at 410.465.7799 for details.  
 Send completed application at [baltimoremartialarts@yahoo.com](mailto:baltimoremartialarts@yahoo.com) or mail to:  
 BMAA Camp, 6565 Baltimore National Pike Catonsville, MD 21228.

Select the weeks and programs you wish your child to attend. All classes subject to enrollment.

### BMAA CAMP • 4-9 WEEK SESSIONS

- June 14-18  June 21-25  June 28-July 2  July 5-9  July 12-16  July 19-23  July 26-30  Aug 2-6  Aug 9-13  
 Monday  Tuesday  Wednesday  Thursday  Friday

M= MEMBER G= GUEST

- 9:00am – 12:00pm Early drop off:  7:00-9:00am: \$30/day -or-  8:00-9:00am: \$15/day

	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks
2 days	\$458 M/\$498 G	\$572 M/\$623 G	\$686 M/748 G	\$800 M/\$872 G	\$915 M/\$997 G	\$1,028 M/\$1,121 G
3 days	\$573 M/\$624 G	\$715 M/\$780 G	\$858 M/\$935 G	\$1,000 M/\$1,091 G	\$1,144 M/\$1,247 G	\$1,287 M/\$1,403 G
4 days	\$684 M/\$752 G	\$855 M/\$940 G	\$1,025 M/\$1,128 G	\$1,196 M/\$1,316 G	\$1,368 M/\$1,503 G	\$1,538 M/\$1,692 G
5 days	\$805 M/\$924 G	\$1,005 M/\$1,155 G	\$1,206 M/\$1,386 G	\$1,407 M/\$1,617 G	\$1,608 M/\$1,848 G	\$1,808 M/\$2,079 G

- 9:00am – 3:30pm Early drop off:  7:00-9:00am: \$30/day -or-  8:00-9:00am: \$15/day Late Stay:  3:30-4:00pm: \$7.50/day

	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks
2 days	\$606 M/\$661 G	\$758 M/\$826 G	\$910 M/992 G	\$1,062 M/\$1,156 G	\$1,213 M/\$1,322 G	\$1,365 M/\$1,487 G
3 days	\$846 M/\$923 G	\$1,058 M/\$1,153 G	\$1,270 M/\$1,384 G	\$1,482 M/\$1,615 G	\$1,693 M/\$1,845 G	\$1,905 M/\$2,077 G
4 days	\$1,037 M/\$1,136 G	\$1,296 M/\$1,420 G	\$1,556 M/\$1,705 G	\$1,815 M/\$1,989 G	\$2,074 M/\$2,272 G	\$2,334 M/\$2,556 G
5 days	\$1,190 M/ \$1,295 G	\$1,487 M/\$1,618 G	\$1,785 M/\$1,942 G	\$2,082 M/\$2,265 G	\$2,380 M/\$2,588 G	\$2,678 M/\$2,912 G

- 7:00am – 6:00pm

	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks
2 days	\$835 M/\$910 G	\$1,044 M/\$1,138 G	\$1,253 M/\$1,365 G	\$1,461 M/\$1,593 G	\$1,670 M/\$1,821 G	\$1,879 M/\$2,048 G
3 days	\$1,178 M/\$1,284 G	\$1,474 M/\$1,605 G	\$1,768 M/\$1,927 G	\$2,063 M/\$2,248 G	\$2,358 M/\$2,570 G	\$2,652 M/\$2,891 G
4 days	\$1,511 M/\$1,655 G	\$1,888 M/\$2,068 G	\$2,266 M/\$2,482 G	\$2,644 M/\$2,896 G	\$3,020 M/\$3,309 G	\$3,399 M/\$3,723 G
5 days	\$1,648 M/\$1,810 G	\$2,060 M/\$2,263 G	\$2,472 M/\$2,716 G	\$2,884 M/\$3,168 G	\$3,296 M/\$3,621 G	\$3,708 M/\$4,074 G

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age as of 9/01/2021 \_\_\_\_\_

Gender: \_\_\_\_\_ School currently attending \_\_\_\_\_ Child's Tshirt Size \_\_\_\_\_

Did you attend a BMAA camp last year?  Yes  No Are you a BMAA Member?  Yes  No Are you a Summer BMAA Member?  Yes  No

Parents are:  Married/Domestic Partners  Separated  Divorced  Single  Widowed

My child receives the following services:  Speech Therapy  Occupational Therapy  Physical Therapy  Behavioral Support  Other

Are you interested in our Inclusion program for children with special needs?  Yes  No *If yes, you will be contacted. Please note that space is limited and expressing interest does not guarantee your camper's acceptance into our Inclusion Program. An interview process is required for all campers and the program fills quickly. Be advised there is an additional fee.*

Parent #1 Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**TERMS OF ENROLLMENT:** Please read carefully and sign.

For this application to be processed, you must have: the correct deposit and all BMAA dues and other past due charges must be paid in full. **Camp deposits are non-refundable and non-transferable.** All fees must be paid in full by **5/01/2021**. If your payment is 15 or more days late a \$25 late fee will be charged monthly until the balance is paid in full. Please note: Any returned checks or declined credit cards will be assessed a \$25 return fee for re-processing.

**INSURANCE/MEDICAL EMERGENCIES:** I understand that BMAA camps do not offer a medical insurance plan. I have checked my family's policy to make certain my child is properly covered while at camp. In any medical emergency, I hereby give permission to the physician selected by the Camp Director, to hospitalize and secure proper treatment for my child named above.

**REFUNDS:** All requests for program changes must be provided in writing to the Camp Director. If my child leaves after camp begins, refunds will be prorated based on the number of weeks attended. I understand that program changes made on or after **5/01/2021**, are subject to a \$60 service charge. All requests for program changes or withdrawals must be given in writing to the program director 10 days prior to the effective date. No refunds will be given without 10 days notice. **Camp deposits are non-refundable and non-transferable.**

**CAMPER DISMISSAL:** The Camp Director reserves the right to cancel any camper's enrollment or dismiss a camper whose conduct, influence, or behavior is deemed unsatisfactory to the best interests of Camp. No refund will be made.

**PHOTOS:** BMAA Camps has permission to use photographs/video or images of my child for publicity purposes, including but not limited to the BMAA websites, BMAA Facebook page, BMAA YouTube channel, BMAA printed materials and advertisements.

**LOST/DAMAGED ITEMS:** BMAA Camps cannot be held responsible for the loss, damage, or theft of any of the camper's belongings brought to camp. All personal belongings (including electronic games, ipods, etc.) must be left at home.

**COVID-19 WAIVER AND RELEASE:** By signing this waiver and release, I acknowledge and agree that I, on my behalf and on behalf of my children: a. Understand the contagious nature of COVID-19 b. Voluntarily assume the risk that me, my child(ren) or anyone for whom I may be responsible may become infected, exposed or otherwise contract COVID-19 while attending, participating in or otherwise engaging in any activities at or in connection with the BMAA; and c. Hereby waive, release, and discharge the BMAA from and against any and all claims or injuries arising out of, relating to or in any way connected to COVID-19 and the subject of this Waiver and Release.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION**

I am entitled to a sibling discount (applies to BMAA camp sessions over \$500). Must be a BMAA member.

Sibling Name: \_\_\_\_\_ Program: \_\_\_\_\_

*For more information regarding our needs based scholarship (BMAA members only), contact our Chief Financial Officer at [baltimoremartialarts@yahoo.com](mailto:baltimoremartialarts@yahoo.com) or by phone at 410.465.7799.*

I'd like to pay by:  Check  Cash  Visa  MasterCard  Discover  American Express  Direct ACH Debit Withdrawal

*Anyone who wishes to pay by Automatic ACH Debit Withdrawal from a bank account must submit the deposit on a physical check and send in an additional VOID check for future withdrawals.*

**Amount of Deposit:** \$ \_\_\_\_\_ **\$250 minimum non-refundable, non-transferable deposit. Initial** \_\_\_\_\_

**All camp balances are due in full by 5/01/2021.**

- I would like to pay the balance in full by credit card on 5/01/2021.
- I would like to pay the balance in full by Automatic ACH Debit Withdrawal from my checking account on 5/01/2021.
- I would like to pay monthly by credit card.  I would like to pay monthly by Automatic ACH Debit Withdrawal from my checking account.

I hereby authorize the Baltimore Martial Arts Academy to automatically charge my credit card/ACH account on the 1st of the month following receipt of my application and the last payment will be charged on 05/01/2021. If the 1st of the month falls on a weekend or a day the BMAA is closed, the credit card account will be charged the following business day. By completing the Monthly Payment agreement, the cardholder agrees to pay the total amount according to the card issuer contract.

**Complete Monthly Payment Agreement below.**

Camper's Name \_\_\_\_\_ BMAA Account# \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amt. to be Charged \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cardholder Phone \_\_\_\_\_

Camp Director Signature: _____	Date Entered: _____	Entered by: _____	BMAA Account # _____
Category: _____	Mem. Exp. Date: _____	Program Amount: \$ _____	Deposit: \$ _____
<b>ACCOUNTING</b> Approved by: _____		Date: _____	

Baltimore Martial Arts Academy | 6565 Baltimore National Pike Catonsville, MD 21228

