



40 Degrees BJJ Camps Application

Please fill out the form below and fax it back to (858) 300-5330 for approval.
Once approved you will receive a confirmation email with a link to the purchase of the tickets.

You must be approved prior to purchasing any camp.

For more information, please contact:

40 Degrees BJJ Camps

(858) 228-1107 phone

(858) 300-5330 fax

info@40degreesbjjcamps.com

www.40degreesbjjcamps.com

40 Degrees BJJ Camps Application

1) Choose the camp you would like to attend:

- | | |
|---|--|
| <input type="checkbox"/> Mario Reis Oahu, Hawaii \$1,750 June 19 th to June 24 th 2008 | <input type="checkbox"/> Eduardo Telles Maui, Hawaii \$1,899 June 27 th to July 2 nd 2008 |
|---|--|

2) Name

First MI Last

3) Address

Street and Number

City State Zip Country

4) Age _____ Date of Birth _____
mo day year

5) Height ____ ft. ____ in. Weight _____ lbs

6) Phone Numbers Home () _____
Cell () _____
Work () _____

7) Emergency Contacts

| Names | Numbers |
|--------------|----------------|
| _____ | () _____ |
| _____ | () _____ |
| _____ | () _____ |

Insurance Provider (optional, for emergency use only)

_____ () _____

8) If you train in any martial arts or sports regularly...
Which ones?

What academy/school/team?

What level/s are you at?

Who is/are your instructor/s?

- 9) Do you have any allergies? No Yes
If so, please list them below.

- 10) Do you have any allergies to medications? No Yes
If yes, please list them below.

- 11) List any/all surgeries you have undergone in the last 5 years.

- 12) Are you currently taking any medications? No Yes
If yes, please list them below.

13) Medical History Checklist (please check 1 box for each line)

| | Yes | No | Maybe |
|-----------------------------|-----|----|-------|
| Anemia | | | |
| Aids | | | |
| Alcoholism | | | |
| Arthritis | | | |
| Asthma | | | |
| Alzheimer's | | | |
| Back Trouble | | | |
| Bladder Infections | | | |
| Blackouts/Fainting | | | |
| Bleeding Tendency | | | |
| Bronchitis | | | |
| Cancer | | | |
| Chronic Lung Disease | | | |
| Congestive Heart Failure | | | |
| Crippling Arthritis | | | |
| Convulsions or Seizures | | | |
| Diabetes | | | |
| Exposure to TB | | | |
| Enlarged Heart | | | |
| Emphysema | | | |
| Gallbladder Disease | | | |
| Gout | | | |
| Heart Attacks | | | |
| Hemorrhoids | | | |
| High Blood Pressure | | | |
| Hay Fever/Sinusitis | | | |
| Hepatitis (Yellow Jaundice) | | | |
| Hives | | | |
| Infectious Mononucleosis | | | |
| Kidney Disease | | | |
| Leukemia | | | |
| Meningitis | | | |
| Malaria | | | |
| Migrane Headaches | | | |
| Mental Illness | | | |
| Nose Bleeds | | | |
| Pneumonia | | | |
| Pleurisy | | | |
| Peptic Ulcer | | | |
| Repeated Infections | | | |
| Respiratory Problems | | | |
| Severe Allergies | | | |
| Scarlet Fever | | | |
| STD | | | |
| Tuberculosis | | | |
| Thyroid Trouble | | | |
| Other Not Listed | | | |

14) Have you ever been convicted of a crime? No Yes
If yes, please explain in full detail (any conviction not listed may result in your rejection from the program).

15) Why do you want to go to the camp?

16) How did you hear about us?

- Newspaper _____
- Magazine _____
- Online _____
- Friend _____
- Other _____

I certify that my answers and information are true and complete to the best of my knowledge.
If this application leads to my approved and reserved place in the camp, I understand that false or misleading information in this application may result in my release without refund.
If I have failed to report any illness in this application or should any known and reported illness require medical assistance during the camp I am fully responsible for all medical costs and agree to take no action towards 40 Degrees BJJ Camps for any type of reimbursement or on the spot coverage.

Signature

Print Name

Date