

**How to Register**

Complete ALL of the information on this form and return it (along with the waiver form) with payment via one of the methods indicated at the bottom of this page.

- Tuition must be paid in advance to secure registration.
- Please register only one student per form.
- Confirmation will be sent via email; *valid email address required*.
  - To keep you informed about activities at Revels, you will be added to the Revels e-newsletter

Student's Name: \_\_\_\_\_ Gender  M /  F /  Undefined

Student's Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Student's School \_\_\_\_\_ Grade \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian -**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Relationship to Participant: \_\_\_\_\_  
 This is the credit card billing address.

**2<sup>nd</sup> Parent/Guardian -**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Relationship to Participant: \_\_\_\_\_  
 This is the credit card billing address.

**Winter Session, January-March 2016 – PLEASE CHECK AS APPLICABLE**

- Little Dragons** (Ages 4-6, Grades Pre-K-1) Fridays **4:15-5:45pm**, 1/13-3/17 and 3/23, \$330
- Hobby Horses** (Ages 7-9, Grades 2-4) Mondays **4:15-5:45pm** 1/9-3/20 and 3/23, \$330 (no class 1/16)
- Jesters** (Ages 10-14, Grades 5-8) Thursdays **4:30-6:00pm**, 1/12-3/16 and 3/23, \$330

**IF YOUR CHILD WILL BE PICKED UP FROM SCES/SSIMS, THEY MUST BE REGISTERED FOR ONE OF THE FOLLOWING BEFORE CARE OPTIONS:**

- Before Care** - Grades K-4  
3:50-4:15pm, \$20
- Before Care** – Grade 5  
3:50-4:30pm, \$30
- Before Care/Homework Time** - Grades 6-8  
3:10-4:30, \$45

**NOTE:** All workshops will meet on **Thursday, March 23 at 4:30** for a sharing of material with parents.

Special Needs/Notes: Please contact us at 301-587-3835 with any information regarding physical, cognitive, emotional and/or learning needs that you would like us to know in order to best serve your child

**Registration Policies** (*Please review all registration policies as your signature indicates your agreement:*)  
 I have read and agree to all of the registration policies and understand that all refund requests must be made in writing within the prescribed time limitations. Registration policies can be found [on our website](#).  
 Parent or Guardian name (please print): \_\_\_\_\_  
 Parent or Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information:**

Check Enclosed (payable to *Washington Revels*) Tuition Total: \_\_\_\_\_  
 Credit Card:  Visa  Mastercard  American Express  Discover  
 Name on card \_\_\_\_\_ Signature \_\_\_\_\_

**Fill out only if returning by Mail or Fax. Email registrations should call 301-587-3835 and give CC # by phone**

Credit card # \_\_\_\_\_ Exp Date \_\_\_\_\_

**MAIL:** Mail the form complete with credit card info OR a check payable to "*Washington Revels*" to:  
 Washington Revels, Education Programs, 531 Dale Drive, Silver Spring, MD 20910

**FAX:** 1-888-587-9050 (credit card payment only)

**EMAIL:** [register@revelsdc.org](mailto:register@revelsdc.org) (credit card payment only)

**WAIVER OF LIABILITY FOR ILLNESS OR INJURY**

Although every effort is made to provide a safe environment, I recognize there is always a risk of accident. I agree to be responsible for any medical bills incurred resulting from illness or injury in connection with my child's participation at Washington Revels, as well as any damage or injury caused by my child. If I desire accident and medical insurance for my child, I will arrange for it. I waive and release Washington Revels and 531 Dale Drive LLC, and all persons connected with those entities, from any and all liability and/or claims or damages arising out of personal injury of any kind. If deemed necessary by Revels staff, I authorize Washington Revels to administer first aid and/or authorize medical treatment for my child, for which I will be financially responsible.

\_\_\_\_\_  
Childs Name

\_\_\_\_\_  
Parents Name

\_\_\_\_\_  
Parents Signature

**PUBLICITY WAIVER**

I hereby authorize Washington Revels, Inc. to use my child's photographic or video images, or voice recording, for the purpose of promoting Washington Revels after-school workshops, and also for promotion, advertising, or fundraising for Washington Revels and Revels projects in general, without prior inspection or approval by me. To that end, I waive and release Washington Revels and 531 Dale Drive LLC, and all persons connected with those entities, from any and all liability and/or claims or damages arising out the use of such images or voices recordings. When providing images or voice recordings for use in any public media, Washington Revels will not include or provide the name of any child without first obtaining written permission from the child's parents or guardians.

\_\_\_\_\_  
Childs Name

\_\_\_\_\_  
Parents Name

\_\_\_\_\_  
Parents Signature