

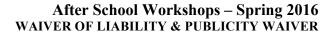
After School Workshops – Spring 2016 REGISTRATION FORM

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.
 - o To keep you informed about activities at Revels, you will be added to the Revels e-newsletter

| Student's Name: | Gender 🗆 M / 🗆 F | |
|--|---|--|
| Student's Date of BirthAge: | _ Student's School | Grade |
| 1st Parent/Guardian - | 2 nd Parent/Guardian - | |
| Name: | Name: | |
| Address: | Address: | |
| City, State, Zip Code: | City, State, Zip Code: | |
| Home Phone: | Home Phone: | |
| Work Phone: | Work Phone: | |
| Cell Phone: | Cell Phone: | |
| E-mail Address: | E-mail Address: | |
| Relationship to Participant: | Relationship to Participant: | |
| ☐ This is the credit card billing address. | ☐ This is the credit card bil | lling address. |
| Spring Session, April- | June 2016 – PLEASE CHECK AS | S APPLICABLE |
| 3:50-4:15pm, \$20 NOTE: All workshops will meet on Friday Special Needs/Notes: Please contact us at 301-587- earning needs that you would like us to know in ord Registration Policies (Please review all registration policies) have read and agree to all of the registration policies the prescribed time limitations. Registration policies | J., June 10 at 4:30 for a sharing of 3835 with any information regarding der to best serve your child colicies as your signature indicates your signature and understand that all refund its can be found on our website. | 4:30, \$45 material with parents. g physical, cognitive, emotional and/or ragreement): requests must be made in writing with |
| Parent or Guardian name (please print): | | |
| | | Date |
| Payment Information: ☐ Check Enclosed (payable to Washington Revels) | Tuition Total: | |
| ☐ Credit Card: ☐ Visa ☐ Mastercard ☐ Americ | ' | |
| Name on card | Signature | |
| ill out only if returning by Mail or Fax. Email regist | | • • • |
| Credit card # | Ехр | Date |
| MAIL: Mail the form complete with credit card in Washington Revels, Education Process 1-888-587-9050 (credit card payment only | ograms, 531 Dale Drive, Silver Sprin | |
| EMAIL: register@revelsdc.org (credit card payme | | |





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 the purpose of promoting Washington Revels after-school fundraising for Washington Revels and Revels projects in that end, I waive and release Washington Revels and 531 entities, from any and all liability and/or claims or damage When providing images or voice recordings for use in any provide the name of any child without first obtaining write | I workshops, and also for promotion, advertising, or general, without prior inspection or approval by me. To Dale Drive LLC, and all persons connected with those es arising out the use of such images or voices recordings. public media, Washington Revels will not include or | |
| | | |
| Childs Name | | |
| Parents Name | | |
| Parents Signature | | |