

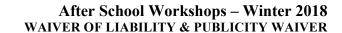
After School Workshops – Winter 2018 REGISTRATION FORM

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 / □ Undefined
Student's Date of BirthAge:	Student's SchoolGrade
1 st 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 billing address.
Winter Session January-M	arch 2018 – PLEASE CHECK AS APPLICABLE
· · · · · · · · · · · · · · · · · · ·	ssion) Thursdays 1:30-3:00pm 1/11-3/15, \$250 (price based on enrollment)
☐ Little Dragons (Ages 4-6, Grades Pre-K-1) Fridays 4:15	
☐ Hobby Horses (Ages 7-9, Grades 2-4) Mondays 4:15-	<u>. </u>
☐ Jesters (Ages 10-14, Grades 5-8) Thursdays 4:30-6:00	•
	JST BE REGISTERED FOR ONE OF THE FOLLOWING BEFORE CARE OPTIONS:
	e – Grade 5 ☐ Before Care/Homework Time - Grades 6-8 3:10-4:30, \$45
	from 4:30-6:00 for a sharing of material with family and friends.
Special Needs/Notes: Please contact us at 301-830-440 learning needs that you would like us to know in order	06 with any information regarding physical, cognitive, emotional and/or to best serve your child
Registration Policies (Please review all registration policies I have read and agree to all of the registration policies the prescribed time limitations. Registration policies can be prescribed time limitations. Registration policies can be prescribed time limitations.	and understand that all refund requests must be made in writing within an be found on our website.
Parent or Guardian signature:	Date
Payment Information:	
☐ Check Enclosed (payable to Washington Revels)	Tuition Total:
☐ Credit Card: ☐ Visa ☐ Mastercard ☐ American E	Express 🗆 Discover
Name on card	
For Financial Aid & Scholarship informatic Fill out only if returning by Mail or Fax. Email registrati	on, please call 301-830-4406 or email jblakeslee@revelsdc.org
	5 D.
· · · · · · · · · · · · · · · · · · ·	OR a check payable to "Washington Revels" to: ams, 531 Dale Drive, Silver Spring, MD 20910
FAX: 1-888-587-9050 (credit card payment only)	anis, 331 Baic Brive, Shver Spring, WD 20310
EMAIL: jblakeslee@revelsdc.org (credit card payment	t 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	