



REGISTRATION FORM

Thank you for joining the Revels community! We are thrilled to have your child take part in this season's Washington Revels Children's Program. To register your child (one form per student), please complete all sections below. Additionally, please complete both waivers—the **Waiver of Liability** and the **Publicity Release**—located on the back of this form. These **signatures are required** for your child to participate. Return your completed form with payment using one of the methods listed. Please note that **tuition must be paid in advance to confirm your child's registration**. Once processed, you will receive a confirmation email, so be sure to include a valid email address. By registering, you'll also be added to the Washington Revels e-newsletter to stay informed about upcoming programs and events. We're thrilled to welcome you and your family!

- Program:** Washington, DC / Takoma Park, MD: Tuesdays October 6 - December 8, 2026 4:30-6 p.m.
 Seekers Church, 276 Carroll St NW, Washington, DC (Takoma)
- Bethesda, MD: Thursdays October 1 - December 10, 2026 4:30-6 p.m.
 Concord St. Andrews Church, 5910 Goldsboro Rd, Bethesda, MD

Student's Name: _____ **Gender:** Female Male Undefined

DOB: _____ **Age:** _____ **Student's School:** _____

Parent/Guardian (Name): _____ **Relationship:** _____

Address: _____ **City, State, Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Emergency Contact: _____ **Relationship:** _____

Phone Number: _____ **Alternate Phone Number:** _____

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 payments are non-refundable. Registration policies can be found on our website: www.revelsdc.org/registration-policies.

Parent/Guardian (Print Name): _____ **Date:** _____

Parent/Guardian (Signature): _____

****INK SIGNATURE REQUIRED****

Please select how you would like to submit payment:

- Check enclosed (made payable to Washington Revels) Cash
- Credit Card (invoice will be sent via email for credit card payment) - billing email: _____

Please complete both waivers below—the **Waiver of Liability** and the **Publicity Release**. These **signatures are required** for your child to participate.

Waiver of Liability

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 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.

Student's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

****INK SIGNATURE REQUIRED****

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 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.

Student's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

****INK SIGNATURE REQUIRED****

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.
- For financial aid and scholarship information, please call 301-587-3835 or email: jrose@revelsdc.org.

Welcome to Washington Revels!