

Arlington County Recreation Registration Form for

Mystery Academy Summer Camp 2014



NOTE: THIS FORM IS FOR ARLINGTON COUNTY ONLY!

Please register for all other camps directly with them –
See links at MysteryAcademy.com/camps.html

Instructions: If you are paying via credit card, you may download this form, fill it out, mail it and pay the balance online at this website using the buttons on the registration page. If you are paying by check, please print out this registration form, fill it out, and enclose it with a check payable to Mystery Academy. If you have more than one child registering, please fill out a separate form for each of them.

Father's Name _____ Home Phone _____

Mother's Name _____ Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Child's Name: _____ Child's Age: _____

Parent's Emails _____

Street Address _____

Emergency Contact Info _____

1. If your child has any physical or mental disabilities or difficulties, please describe them. We do accept children with disabilities as much as we can on a case by case basis, and many of our teachers have experience in this area.

2. If your child has any health issues, or allergies (esp. bee, wheat and peanut) please describe them:

3. If there is any information about your child that would help us in the learning process, such as separating them from siblings, shyness, blood sugar issues, ADHD or any other issue, please describe it:

4. Where did you hear about our program?

5. **CHOOSE A CAMP** -Camps are at Arlington Science Focus (ASF) OR Walter Reed Community Center (WRCC). **Locations subject to change.** Please check only those that apply for this child:

- Magic Performance ASF Session 1 June 23-27 \$230.00
- Magic Performance ASF Session 2 June 30-July 3 \$230.00
- Magic Performance ASF Session 7 Aug. 4-8 \$230.00
- Magic Performance WRCC Session 3 July 7-11 \$230.00

- After Care (3-5 pm)** _____ x \$ 50.00/camp _____

Grand Total: **\$** _____

6. PAYMENT

No matter how you are paying, please be sure to mail in the completed, signed registration form to the address below.

If paying by CREDIT CARD payments must be online at our secure site at www.MysteryAcademy.com/register.html

OR

Send a CHECK or MONEY ORDER payable to “**Mystery Academy**” to:
Mystery Academy, Attn: Registrar, 2906 Peregoy Drive, Kensington, MD 20895

Total Amount Due: \$ _____

All completed, signed forms must be received by Mystery Academy before the start of the camp session, or the child will not be permitted to participate.

If you need help completing this form, please call 240-449-9394.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County’s use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

Parent/Guardian Signature _____

Print Name _____ Date _____