

# Join us for FCPS Teacher Workday Kids Camps 2024-2025



Elite M.A. Centers

Setting A Higher Standard.

at **Burke's EMA:** 9568 Old Keene Mill Rd., Burke VA 22015  
**Springfield's EMA:** 6230-C Rolling Road, Springfield, VA 22152

Join us at any or all of the upcoming Fairfax County Public Schools Teacher Workday & Holiday Kids Camps for this school year.

Our unique and exciting camps are offered for all students & guests of Elite M.A. Centers. Each day is filled with activities ranging from martial arts instruction, group games, arts & crafts, and even field trips. EMA facilities provide spacious rooms for sport, reading, board games, or simply just hanging out with friends. Be sure to pack a lunch and any snacks, as we do have designated times for food and relaxation.

Our programs tend to fill up rather quickly so, to ensure you get into a camp of choice, please register as early as possible.

**Drop-off Time: 8:15am - 9:45am**      **Pick-up Time: 4:00pm - 6:15pm**

**Things to bring to camp:** TKD Uniform (EMA students) Lunch & Snacks  
 Light Jacket Socks & Shoes  
 Books & Games (for quiet times)

## CAMP POLICIES:

**ARRIVAL AND DEPARTURE:** Campers should be dropped off each day at Elite M.A. Centers between 8:15am - 9:45am. Campers may be picked up each day at Elite M.A. Centers between 4:00pm - 6:15pm. If you come to pick-up or drop-off other than these times, we may not be at the school.

**PICK-UP POLICY:** Students may be picked-up between 4:00pm and 6:15pm at Elite M.A. Centers. If a camper is picked up later than the listed time, there's a \$5.00 late charge for every five (5) minutes over the ending time of his/her program.

**CONDUCT:** The Elite M.A. Centers Camp Program reserves the right to send home any camper whose behavior is considered by the director or any other authorized Elite M.A. Centers employee to be detrimental to the best interests, health, and safety of other campers, staff, or the school. Refunds on disciplinary dismissals are determined on a case by case basis.

**FOOD:** Every day students must bring a bag lunch. There are also snack breaks throughout the day.

**MONEY:** During snack breaks and on field trips (movie theater, bowling alley, pool, etc.), students will have a chance to purchase food so you can send some change with your child if desired. Drinks and small items are \$.50 - \$1.25 at the school.

**PHONE CALLS:** Only staff members may use the phone. Unless it's a family/medical emergency, please do not call your child(ren) during camp. We (and not the camper) will contact parents/guardians as necessary. No cell phones are allowed at camp.

**HEALTH AND SAFETY:** The health and safety of each camper is our primary concern. Every effort will be made to contact parents or guardians in the event of an emergency. If the parent or guardian cannot be reached, the emergency contact person will be notified. If necessary, the camp director will select a physician who will make a decision regarding the treatment, hospitalization, injections, anesthesia, or surgery which he/she deems necessary for your child.

**MEDICATIONS:** Medications should be dropped off along with written instructions for administering them. We are not permitted to administer medication not provided by the parents/guardians.

**ENROLLMENT:** All registration fees are non-refundable. No credits or refunds will be given to any unattended camp day(s).

[www.EmaCenter.com](http://www.EmaCenter.com)

## Registration Form: Please select your camp(s)

**Cost:** EMA Students/Guests: **\$60/day** E-members: **\$55/day** After-school Students: **FREE\***  
 \*Part-time AMP students: your free camp day(s) must be a day from your AMP enrollment. All other days will have a charge of \$60 per day.

Choose your location: **Burke** 9568 Old Keene Mill Rd., Burke, VA 22015 703-372-5877  
**Springfield** 6230-C Rolling Road, Springfield, VA 22152 703-644-4889

### Camps:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Camp 1: Thursday, 10/3/24</b> | <input type="checkbox"/> <b>Camp 7: Monday, 11/11/24</b>   |
| <input type="checkbox"/> <b>Camp 2: Friday, 10/4/24</b>   | <input type="checkbox"/> <b>Camp 8: Wednesday, 1/29/25</b> |
| <input type="checkbox"/> <b>Camp 3: Monday, 10/14/24</b>  | <input type="checkbox"/> <b>Camp 9: Monday, 3/31/25</b>    |
| <input type="checkbox"/> <b>Camp 4: Friday, 11/1/24</b>   | <input type="checkbox"/> <b>Camp 10: Tuesday, 4/1/25</b>   |
| <input type="checkbox"/> <b>Camp 5: Monday, 11/4/24</b>   |  |
| <input type="checkbox"/> <b>Camp 6: Tuesday, 11/5/24</b>  |  |

**Total:** \_\_\_\_\_

Child 1 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

### Consent and Release Form

I, the undersigned member, hereby acknowledge that I am aware of the strenuous physical exercise involved in the participation of the Elite M.A. Centers Camp given by the sponsors. I also understand that during the camp, students may be transported to activities at various sites in Elite M.A. Centers vehicles. I, the undersigned, recognize these risks and agree to assume these risks by allowing my child to attend Elite M.A. Centers Camp and participate in these programs. I, as parent or guardian of a student, hereby release, discharge and agree to indemnify Elite M.A. Centers Camp, its directors, officers, and employees from all liability for damage, injury, or illness to the students or his/her property relating to or deriving from his/her presence at Elite M.A. Centers Camp or participation in any Elite M.A. Centers sponsored trips and activities. I hereby consent to hold the sponsors free of any and all liability, claims, or actions whatsoever, arising from any injuries, accidents, illness, etc., due to the attendance of the Elite M.A. Centers Camp Program. I, the Enrollee or member irrevocably authorize the Center, its successors and assigns, and those acting under its authority, to copyright, use, publish for art, advertising, trade, or any other lawful purpose whatsoever, photographic portraits, pictures, or videotapes of Enrollee(s), in which Enrollee(s) may be included in whole or in part. I hereby consent to allow the sponsors to take such actions as is necessary to contact and provide emergency and medical assistance to my child(ren).

It is understood and agreed that any payment received will not be returned to the student or buyer for any reason. No credits will be issued for any missed camp day(s). \_\_\_\_\_ (initials)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Springfield:** 6230-C Rolling Road, Springfield, VA 22152 703-644-4889 info@emacenter.com  
**Burke:** 9568 Old Keene Mill Road, Burke, VA 22015 703-372-5877 burke@emacenter.com

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