

# EMA ELECTION DAY CAMP 2026



FCPS will be closed on **Tuesday, 4/21/26**. Join us for our special **Kids Camp!** Spend the day filled with activities ranging from **martial arts instruction, sports, movies, and group games**. Be sure to pack a lunch and two snacks as we do have designated times for food and relaxation.

**DROP OFF: 8:15am-10:00am    PICK UP: 4:00pm-6:15pm**



## Registration Form

### Choose Your Location:

### Cost:

#### Burke

9568 Old Keene Mill Rd.,  
Burke, VA 22015  
703-372-5877

#### Springfield

6230-C Rolling Rd.,  
Springfield, VA 22152  
703-644-4889

\_\_\_ EMA Students/Guests: **\$60/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.*

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total From Above** \_\_\_\_\_ *(Please return form along with payment. All payments are non-refundable)*

### 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: \_\_\_\_\_