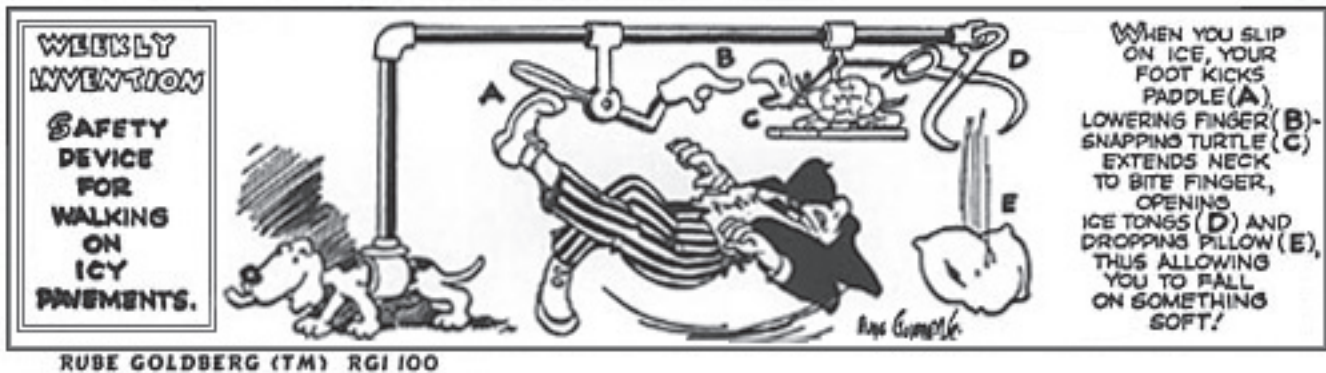


**2015**

**WESLEYAN CHRISTIAN ACADEMY SUMMER**

# RUBE GOLDBERG & ROBOTICS CAMP

Stay all day and experience the Rube Goldberg and Robotics camps. It's the creative scientist's dream camp. Bring your own lunch and innovative brain power.



**Dates:** July 27-31, 2015  
**Times:** 9am - 4pm  
**Grades:** Rising 5th-8th  
**Cost:** \$229.00  
**Scientist:** Joel Steindel



**REGISTER  
TODAY!!!**



1917 N. Centennial St., High Point, NC 27262 | 336.884.3333 | [www.wesed.org](http://www.wesed.org)

# RUBE GOLDBERG & ROBOTICS REGISTRATION

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

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

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

City / ST / ZIP: \_\_\_\_\_

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

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

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

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

Medical Insurance Co.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Medical Restrictions? Yes: \_\_\_\_\_ (please attach explanation) No: \_\_\_\_\_

**Amount Enclosed: \$** \_\_\_\_\_ **(\$229.00 Make check payable to WCA.)**

*As parent/guardian of the above camper, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in camp. I agree to hold harmless Wesleyan Christian Academy and its agents, employees, counselors and volunteers. I hereby release them from any liability on account of injuries sustained by camper while participating in camp activities. I give permission for camper to be medically treated for illness occurring or injury sustained during such participation and certify that he/she is covered by medical insurance which will reimburse the Wesleyan Christian Academy for medical treatment ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance.*

I have read the above. (Signature of Parent / Guardian)

(Date)