

2015

WESLEYAN CHRISTIAN ACADEMY SUMMER

Secret Agent Camp



Campers will investigate crime scenes, decode secret messages, fingerprint, ink test, and use their powers of observation to become the world's greatest detectives! Move over James Bond, the next generation of spies and super sleuths is coming through. Each day we'll learn something new about spying and detective work. We'll investigate a crime scene and figure out "who done it".

Dates: June 22-26, 2015

Times: 9am-12pm

Grades: Rising 2nd-5th

Cost: \$129.00

Top Agent: Joel Steindel



**REGISTER
TODAY!!!**

SECRET AGENT CAMP REGISTRATION FORM

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: \$ _____ **(\$129.00 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)