



**CYBERWARRIORS**  
Coding & Automation Experts Summer Camp

# REGISTRATION

## Camper # 1

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

School Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Shirt Size (Y XS- Adult L) \_\_\_\_\_

*\*Each camper receives one t-shirt with camp registration.  
Additional shirts are available for \$15 each.*

## Camper # 2

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

School Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Shirt Size (Y XS- Adult L) \_\_\_\_\_

*\*Each camper receives one t-shirt with camp registration.  
Additional shirts are available for \$15 each.*

## Camp Week

**Week 1 • July 15 - 19 • LINUX 101 & ROBOTIC PROCESS AUTOMATION (RPA) • \$479**  
Intellectual Point, 46175 Westlake Dr. #240 Sterling, VA 20165 • 9:00 am- 3:30 pm

**Week 2 • July 22 - 26 • RASPBERRY PI • \$479**  
Intellectual Point, 46175 Westlake Dr. #240 Sterling, VA 20165 • 9:00 am- 3:30 pm

## Total Cost

Camp Tuition: \$479 per week    Extra Shirt: \$15

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

*\*Payment Policy. One week's tuition is due at time of enrollment. We will charge a \$25 late fee if payment is not received by 12pm Tuesday.*

**Payments can be made**  
at [www.intellectualpoint.com](http://www.intellectualpoint.com)  
or call our Office at 703-554-3827

**Sibling 5% Discount! Use Promo Code: Sibling5**

[www.intellectualpoint.com/summercamp](http://www.intellectualpoint.com/summercamp)



**Intellectual**  
POINT



# Camp Registration Form

## Camper Information

Camper's Name \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Camper's Birth Date \_\_\_\_\_ Grade in the Fall \_\_\_\_\_  
Parent/Guardian 1 \_\_\_\_\_  Male  Female Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_ Employer \_\_\_\_\_  
Parent/Guardian 1 \_\_\_\_\_  Male  Female Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_ Employer \_\_\_\_\_  
Child in custody of (Please check one)  Both Parents  Mother  Father  Other \_\_\_\_\_  
Child lives with (Please check one)  Both Parents  Mother  Father  Other \_\_\_\_\_

## Medical Information

Family Physician \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Medical/Hospital Insurance Carrier \_\_\_\_\_  
Health/behavioral conditions or problems we need to be aware of \_\_\_\_\_  
\_\_\_\_\_

## Child Release Authorization

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from camp. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and the person picking up my child will need to show identification.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Parent Authorization/Medical Release:** The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representative to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. All photos that are taken of my child may be used for promotional purposes.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_