

# Fantastic Magic Camp 2017 Summer Camp Registration

*Please use a separate form for each camper, and make sure you read and sign the waiver on the next page.  
We can be reached at (512) 988-3045 if you have any questions.*

**Camper info (please print):**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Camper prefers to be called (this will appear on the name tag) \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Started Fall 2016 \_\_\_\_ School Attended \_\_\_\_\_

Previous Camper? (please circle) Yes/No T-Shirt Size:  Child Small  Child Medium  Child Large  Adult Small  Adult Medium  Adult Large

**Guardian info:**

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

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

Emergency Contact 1 and info: \_\_\_\_\_

Emergency Contact 2 and info: \_\_\_\_\_

***Tell us about your child's special needs, diet restrictions, and medications. You may write on the back. If you need to use an additional sheet of paper, please staple it to this application.***

\_\_\_\_\_  
\_\_\_\_\_

***Campers are generally grouped by age and experience. If you want your camper grouped with another specific camper, please list the name and the reason for the request. We will not always be able to accommodate requests. although there will always be ample opportunity for friends to get together throughout the day.***

\_\_\_\_\_  
\_\_\_\_\_

- Session 1 .....\$295
- Session 2 .....\$590
- Session 3 .....\$590
- Session 4 .....\$590
- Session 5 .....\$590
- Session 6 .....\$590
  
- Rehearsal Time .....\$150

- Check or money order to Fantastic Magic Camp  Cash
- MasterCard  Visa  American Express  Discover

Credit Card# \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_

**MAGIC CAMP LIABILITY WAIVER  
AND CONSENT FOR EMERGENCY MEDICAL TREATMENT**

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

***IMPORTANT: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT WHICH MUST BE SIGNED PRIOR TO YOUR CHILD'S PARTICIPATION IN ANY CAMP ACTIVITY.***

UNDERSTANDING OF RISK: I UNDERSTAND THAT THERE IS INHERENT RISK INVOLVED IN THE ACTIVITIES IN WHICH MY CHILD, IDENTIFIED ABOVE, WILL PARTICIPATE AT MAGIC CAMP USA, LLC DBA FANTASTIC MAGIC CAMP (THE "CAMP"). THESE ACTIVITIES MAY INCLUDE, BUT ARE NOT LIMITED TO, JUGGLING, UNICYCLING, USE OF PROPS, ETC.

LIABILITY WAIVER AND ASSUMPTION OF RISK: I AGREE TO WAIVE ANY AND ALL CLAIMS FOR LOSS, DAMAGES, INJURIES, ETC. WHICH I OR MY CHILD MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME OR MY CHILD AGAINST FANTASTIC MAGIC CAMP, ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS AND OTHER REPRESENTATIVES INCLUDING JOURNEY IMPERFECT FAITH COMMUNITY (HEREINAFTER REFERRED TO AS "FANTASTIC MAGIC CAMP") RELATING TO MY CHILD'S PARTICIPATION IN THE CAMP (INCLUDING, BUT NOT LIMITED TO, CLAIMS REGARDING FACILITIES, EVENTS, INSTRUCTION OR SUPERVISION) WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR WILLFUL ACTION OF FANTASTIC MAGIC CAMP. I FURTHER AGREE TO ASSUME AND BEAR SOLE RESPONSIBILITY FOR, AND INDEMNIFY FANTASTIC MAGIC CAMP AGAINST, ANY AND ALL DAMAGES, EXPENSES AND CLAIMS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN THE CAMP.

CONSENT FOR EMERGENCY MEDICAL TREATMENT: Fantastic Magic Camp will make reasonable efforts to contact me in the case of a medical emergency involving my child. In the event of my absence, I authorize the adult staff/representatives of Fantastic Magic Camp to consent, on my behalf, to any emergency medical or surgical treatment at any reasonable location which may be necessary for the well being of my child.

PHOTOGRAPHY: I acknowledge that throughout the season, Fantastic Magic Camp camp will occasionally take pictures and video of activities at the camp that may be used use in scrap books, in house presentations or camp promotion. If desired, I may submit in writing, a request for photos of my child, taken by the staff of Fantastic Magic Camp, to not be included in publicly available media.

ACKNOWLEDGEMENT: I represent and agree that I am authorized to sign this document with respect to the above-mentioned child.

**AGREED:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

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

PREFERRED PHYSICIAN: \_\_\_\_\_