

Fantastic Magic Camp 2020 Registration Form

*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:

First Name _____ Last Name _____
Camper prefers to be called (this will appear on the name tag) _____ Gender _____ Age _____
Birthdate _____ / _____ / _____ Grade completed Spring 2019 _____ 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.

Please select the sessions you expect to attend:

- | | |
|--|-------|
| <input type="checkbox"/> December 30.....January 3 | \$325 |
| <input type="checkbox"/> March 16.....March 20 | \$325 |
| <input type="checkbox"/> June 01 June 5 | \$325 |
| <input type="checkbox"/> June 08June 19 | \$650 |
| <input type="checkbox"/> June 22..... July 3 | \$650 |
| <input type="checkbox"/> July 06 July 17 | \$650 |
| <input type="checkbox"/> July 20 July 31 | \$650 |
| <input type="checkbox"/> August 03 August 14 | \$650 |

Payment Info:

Total Amount Enclosed \$ _____
☐ Check or money order payable to Fantastic Magic Camp enclosed
☐ Credit Card payment (we will send you an email with a secure link to make your payment online)

Signature _____

Please mail this application (including the liability waiver on the next page) to:

**Fantastic Magic Camp
12316 Indian Mound Dr
Austin TX 78758**

**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 (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: _____