

CAMP MAGIK & CAMP ERIN

Registration Application

3377 Ridgewood Road, NW

Atlanta, Georgia 30327

Phone: 404.790.0140 Fax: 404.355.6631

(Complete both this form and the pledge)

_____ Sex: M ___ F ___ DOB: _____ Grade: _____

Camper's Full Name (please print. Also please underline name your child prefers to be called)

Name of Parents/Guardian: _____

Parent/Guardian will attend weekend retreat: Yes No Parent/Guardian will attend Sunday workshop only Yes No

Address: _____

City _____ State _____ Zip _____ County _____

Phone #: Home _____ Cell _____ Work _____

Email Address: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____ Relationship: _____

Person Who Died: _____ Date of Death: _____

(relationship to Camper)

Circumstance of Death (please be specific) : _____

_____ Referral Source: _____

A majority of the activities at the camp will take place out doors. Sunscreen will be provided for the children by the camp. If your child has any allergies or allergic reactions, please list them below:

Allergy: _____ Reaction(s) _____

Child's Physician: _____ Phone: _____

Medication(s): _____ Dose _____ Time _____

_____ Dose _____ Time _____

_____ Dose _____ Time _____

Please list any other medical condition or information that would be helpful for us to know about your child

NOTE: All medication must be given to the Camp Nurse at Camp Check-in Time.

All medication must be in prescription containers and be clearly marked with the above information.

I give permission for my child to attend Camp MAGIK and for the Camp Nurse to administer prescriptions and/or first aid to my child. I also give my permission to the physician selected by the Camp Director, in cooperation with the Camp Nurse, to secure proper treatment for my child in case of an emergency.

Signature of Parent/Guardian

Date Signed

Videotaping and photography may occur during various camp activities by the news media and the material may be used in the future by Camp MAGIK for publicity purposes. Please indicate whether or not you wish to have your child videotaped, photographed and/or interviewed: Yes ___ No ___

Camp Sites 2017: Cartersville April 21-23 _____ Hampton May 5-7 _____ October TBA _____

The Camper's Pledge

I want to come to Camp MAGIK - to have fun, to meet other grieving kids, and to learn more about my grief.

(Camper's Signature/Date)

I promise that I will cooperate with the camp counselors, respect the feelings and property of other campers, and obey the Camp Rules.

(Camper's Signature/Date)

(Parent/Guardian's Signature/Date)