

CAMP MAGIK & CAMP ERIN
Registration Application

3377 Ridgewood Road, NW
Atlanta, Georgia 30327
Phone: 404.790.0140 Email: campmagik@gmail.com

_____ Gender: _____ 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 (please circle): Yes No

Parent/Guardian will attend Sunday workshop only (please circle): Yes No

Address: _____

City _____ State _____ Zip _____ County _____ School _____

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

Camp Sites 2025: Hampton April 25-27 _____ White May 2-4 _____ Clarkesville October 3-5 _____