

MAGIC MUSICAL SQUAD 2024 SPRING BREAK CAMP



REGISTRATION FORM

CAMPER'S INFORMATION

First name: _____ Last name: _____

Date of Birth (MM/DD/YYYY): / / Age: ___ Grade: ___ School: _____

Gender (at birth): Male Female MMS Member: YES NO

PARENT/GAURDIANS INFORMATION

First name: _____ Last name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: () _____ Work/Other: () _____ Home: () _____

Email: (Home) _____ (Work/Other): _____

EMERGENCY CONTACT

First name: _____ Last name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: () _____ Work/Other: () _____ Home: () _____

Email: (Home) _____ (Work/Other): _____

DOES THE CAMPER HAVE ANY ALLERGIES (FOOD, ENVIRONMENTAL OR MEDICAL), CHRONIC ILLNESS, OR MEDICAL CONDITIONS? If yes, please describe. YES NO

(feel free to write on back of form if completing manually)

PAYMENT OPTIONS

- \$200.00 per week
- \$175.00 (if paid on or before 3/31)
- \$ 40.00 prorated per day (4 day minimum)

Select a payment method

- Personal check or money order (Made Payable and mailed to:
Magical Musical Squad, PO Box 261, Dewitt, NY 13214
- Cash App call 315-663 -1770

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INFORMED CONSENT AND ACKNOWLEDGEMENT I hereby give my approval for my child's participation in any and all activities prepared by during the selected camp. In exchange for the acceptance of said child's candidacy by Magical Musical Squad., I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Magical Musical Squad. and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Magical Musical Squad, including all staff members and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and leasers of premises used to conduct the event. There is a risk of being injured that is inherent in activities. Activities such as, but are not limited to, choreography, theater games, rehearsals and performances. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

MEDICAL RELEASE AND AUTHORIZATION As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Magical Musical Squad and its affiliates including Directors, Staff, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

CONFIRMATION BY ACKNOWLEDGING AND SIGNING BELOW, I AM DELIVERING AN ELECTRONIC SIGNATURE THAT WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE WILL BE EQUALLY AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE.

Signature: _____ Date: _____

Print Name: _____