

# CAMP MAGIK & CAMP ERIN Registration Application

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

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 the weekend (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 Dates 2023: April 14-16 Cherokee Retreat Center \_\_\_\_\_

October 27-29 North GA Christian Camp \_\_\_\_\_