



A Stroke of Magic
373 Merchant Street
Vacaville, CA 95688
707-455-8000
www.strokeofmagiconline.com

Registration Form

Summer Camp Session _____

Name _____

Age _____

Address: _____
City: _____
State and Zip: _____

Phone # _____
Work # _____

Emergency Contact _____

Credit Card or Cash
Visa or MasterCard # _____
Expiration Date _____

Please list any known allergies or Medical Conditions:

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Camp Policies: I understand that the person dropping off my child will provide the camp director with a phone number where a parent or a guardian may be contacted at ALL times. I also understand that I may not bring kids earlier than 8:45 a.m. and I must promptly pick up my child/children no later than 4:05p.m. In case of emergency, after reasonable effort has been made to contact a parent or guardian I hereby give permission to the physician selected by the camp director to secure necessary diagnosis and treatment for the child herein described. I have not been given a guarantee of results of the examination or treatment. All charges (if any) will be the sole responsibility of the above stated parent or legal guardian.
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