

*A Stroke of Magic*  
707 455-8000 *strokeofmagiconline.com*  
Registration Form

Summer Camp Session \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Work Number \_\_\_\_\_

Credit Card or Cash

Visa or MasterCard\_# \_\_\_\_\_

Expiration Date \_\_\_\_\_

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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. I understand that I will be charged \$10 per every 10 minutes that I arrive late. 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.

**There is a \$50 non-refundable deposit required for all week campers. For all day campers and drop-in campers the fee is due at the time of registration and is only refundable with a 48hour notice of cancellation.**

SIGNATURE OF PARENT OR  
GUARDIAN \_\_\_\_\_

Date \_\_\_\_\_