



Motion Magic

Inspiring a lifelong love of movement

Please fill out this registration form. You can print it out and mail it to address below or you can save it to your computer under a new name, attach it to an email and send to morgan@motionmagic.net. If your child is attending the Buckman camps you can turn it in to the SUN office.

We accept cash or check. Checks must be made payable to Motion Magic. Payment is due one week prior to the start of the session you are signing your child up for. You can turn in your checks to the SUN office or mail them to:

Motion Magic
5225 NE Garfield Ave.
Portland OR 97211

Please have your children dress in clothes they can move in i.e. sweats, leotards, T-shirts etc. They must bring lunches, but snack will be provided. For more information go to www.motionmagic.net or call 503-975-8647.

Student Name: _____ Age: _____

Which sessions (Dates or Name of camp) is your child attending? _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

Address: _____

How did you hear about Motion Magic Summer Camps? _____

I hereby give permission for my child to participate in Motion Magic After-School program.

Parent/Gaurdian Signature: _____ Date: _____

Please list all people who are authorized to pick up your child aside from the parent/
guardian:

Name: _____ Relationship: _____

Name _____ Relationship: _____

Emergency Information:

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

In case of an emergency contact (if parent unreachable):

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies _____

Any other conditions we should be aware of?: _____

Preferred Hospital: _____

Consent for emergency care: I hereby grant permission to Motion Magic teachers to perform emergency care, including first aid and CPR on my child and transport my child as deemed necessary for further medical treatment in the event I am unable to be contacted. I further consent to medical or surgical treatment by any licensed physician and or hospital and the administration of surgeries and any other medical treatments deemed necessary or advisable in the event I am unable to be contacted.

Parent/Guardian signature: _____ Date: _____

