



TOWN OF MONCK'S CORNER
"Capital of Santee Cooper Country"

Ralph Jones
Rec. Director

Recreation Department

P.O. Box 700
118 Carolina Avenue
Moncks Corner, South Carolina 29461
(843) 719-7900
Fax: (843) 719-7902

Tim Atkins
Athletic Director

Tammy Robertson
Special Event Coord.

MAGIC CAMP REGISTRATION FORM

July 30th – August 3rd

1:00-3:00

Ages 7 to 12

\$84.00

Participant's Full Name: _____ Sex: ____ DOB _____

Address: _____ Zip: _____

Parent or Guardian's Name (if under 18): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

In case of emergency: _____

Fee Paid: \$ _____ Cash: _____ Check: _____ Credit Card: _____

Register by June 8th, 2012.

In consideration of the acceptance of my entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Moncks Corner Recreation Department and the Town of Moncks Corner and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by this group. I do hereby grant permission to the Town of Moncks Corner and the Recreation Department the use of photographs in advertisements, publications, and or any other collateral materials of my child or me. I do hereby certify all of the above information to be correct and true.

Participant's or Parent/Guardian's Signature: _____ Date: _____