

# MARCH-BREAK MAGIC CAMP 2017

MAILING ADDRESS (see Camp Map for location)  
THE GLADSTONE THEATRE  
c/o Magic Studio Productions  
910 Gladstone Avenue  
Ottawa, ON K1R 6Y4  
www.thegladstone.ca  
Ph: 613-795-3545

## PARTICIPANT INFO

Child's last name: \_\_\_\_\_ First name: \_\_\_\_\_

Birth date (d/m/y): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

MEDICAL INFO: Please list any serious medical issues, allergies or conditions that we should be aware of. Include any pre-existing conditions and physical or emotional problems.

Health card #: \_\_\_\_\_ Doctor's name: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## FAMILY INFO

Parent/Guardian #1 Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Permission to pick up the child (y/n): \_\_\_\_\_

Parent/Guardian #2 Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Permission to pick up the child (y/n): \_\_\_\_\_

## EMERGENCY CONTACT

Emergency last name: \_\_\_\_\_ First name: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Permission to pick up the child (y/n): \_\_\_\_\_

## SESSION SELECTION

MARCH BREAK CAMP: Monday to Friday 9am - 5pm **\$295/Week**  
**March 13-17th, 2017** \* includes complimentary Magic Kit

Extended Care: 8-9am or 5-6pm daily; \$50.00/Week

*Cheques should be made payable to **Magic Studio Productions***

I/We agree that Magic Studio Productions, its directors, employees, agents and independent contractors shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in the March Break Magic Camp activities unless such injury, loss or damage is caused by the SOLE NEGLIGENCE of Magic Studio Productions or its employees or agents while acting within the scope of their duties. I further certify that the registrant is covered by OHIP and/or private health insurance.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

# MEDICAL FORM

MAILING ADDRESS: The Gladstone Theatre  
c/o Magic Studio Productions  
910 Gladstone Avenue  
Ottawa, ON K1R 6Y4

## PARTICIPANT INFO

Child's last name: \_\_\_\_\_ First name: \_\_\_\_\_

Birth date (d/m/y): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Health card #: \_\_\_\_\_ Doctor's name: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

## MEDICAL / BEHAVIORAL ISSUES

**IMMUNIZATION** Is your child's immunization up to date? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please elaborate: \_\_\_\_\_

**MEDICAL / BEHAVIOURAL ISSUES** Does your child have any health or behavioral conditions that we should be aware of? For example: diabetes, epilepsy or prone to seizures, heart disease, kidney trouble, auditory or visual impairments, emotional concerns, asthma, special physical needs, home sickness, death in the family, recent separation/divorce etc.? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

**ALLERGIES** Does your child have any allergies? Ex. food, peanuts, drugs/medication, animals, insect stings, hay fever, etc. Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify what your child is allergic to, elaborate on the severity of the reaction and best methods of treatment (attach additional page if necessary) \_\_\_\_\_

Does your camper carry an epi-pen or other allergy medication? Yes \_\_\_\_\_ Specify \_\_\_\_\_ No \_\_\_\_\_

**MEDICATION** Does your child require any medication to be taken or administered while at Camp? For example, ANA kit, asthma ventilator, Ritalin, antibiotic, etc. Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

Will your child be on a "medication holiday" (i.e. usually takes Ritalin, however is not on it for the summer) while attending camp? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

Does your child self-administer the medication? Yes \_\_\_\_\_ No \_\_\_\_\_

**ONGOING TREATMENT** Is your child undergoing any form of treatment for any physical or emotional illness, condition or injury? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, will this treatment affect or limit participation in camp activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

**OTHER INFORMATION** Please elaborate on any other information that may help us in providing the best possible experience for your child (i.e. child's fears, personal goals, past camp history, preferences etc.) \_\_\_\_\_

**EMERGENCY AUTHORIZATION** : I understand that in registering for camp, that my child(ren) will be partaking in physical activities, and that with any physical activity, there is a risk of injury. In the event of an emergency, I authorize the physician in the emergency care unit selected by Magic Studio Productions staff to secure proper treatment for the child indicated above. I understand that every effort will be made to contact me prior to any treatment deemed necessary. My signature below indicates that the above information is as accurate and complete as possible.

NAME (please print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# MAGIC CAMP

## SCHEDULE

MAILING ADDRESS (see Camp Map for location)  
THE GLADSTONE THEATRE  
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910 Gladstone Avenue  
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www.thegladstone.ca  
Ph: 613-795-3545

Kids are introduced to the fundamentals of Magic under the guidance of professional magicians and theatre practitioners.

Activities include the basics of sleight of hand, misdirection, palming, juggling, magic tricks, mentalism, theatre games & short lunchtime magic films. Parents are invited to a final presentation where students showcase their new skills in a mini magic show! A great childhood experience!

Our counsellors are professional magicians and stunt performers, teachers, theatre and movement coaches with over 20 years of performance and teaching experience.

### DAILY SCHEDULE

PRE-ARRANGED EARLY DROP -OFF	8:00am – 9:00pm
ARRIVAL	9:00am
WARM UP GAMES	9:00am – 9:45am
ROTATION 1:	9:45am – 10:45am
- Introduction to Close-Up Magic and Fundamentals	
- Sponge Balls (Sleight of Hand, Misdirection, Palming)	
- Silk Vanish (Load, Simulation, Gimmicks)	
- Coin Magic, Rubber Bands	
SNACKS	10:45am – 11:15am
ROTATION 2:	11:15am – 12:15pm
- Introduction to Card Magic	
- Shuffles (Jog Shuffle, Riffle Shuffle, Hindu Shuffle, Pharaoh Shuffle)	
- Basic Effects (Key Card Concept, Double Lift, Basic Card Controls)	
- Basics of Card Manipulation (Back Palm, Card Fans, Palming)	
LUNCH HOUR	12:15pm – 1:15pm
- With quiet games or short magic film	
ROTATION 3:	1:15pm – 2:45pm
- Introduction to Character Creation, Storytelling and Stand Up	
- Tickle Trunk, Improv, and Characters	
- Magic Colouring Book, Professors Nightmare, Linking Rings	
SNACKS	2:45pm – 3:15pm
ROTATION 4:	3:15pm – 4:30pm
- Introduction to Mentalism and Circus	
- Crayon Divination, Number Prediction, Impromptu Book Test	
- Introduction to Juggling and Circus Skills	
MINI MAGIC SHOW PROGRESS/SUMMARY OF THE DAY	4:30pm – 5:00pm
PICK-UP	5:00pm
PRE-ARRANGED LATE PICK-UP	6:00pm

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## WHAT TO BRING TO MAGIC CAMP

Bag lunch & snacks \*\*\*NUT-FREE ONLY\*\*\*

Comfortable activity clothes

Labeled water bottle

Any medications or necessary personal items

\*\*\*Keep in mind that kids are active all day. Please pack plenty of healthy snacks\*\*\*

## WHAT NOT TO BRING TO MAGIC CAMP

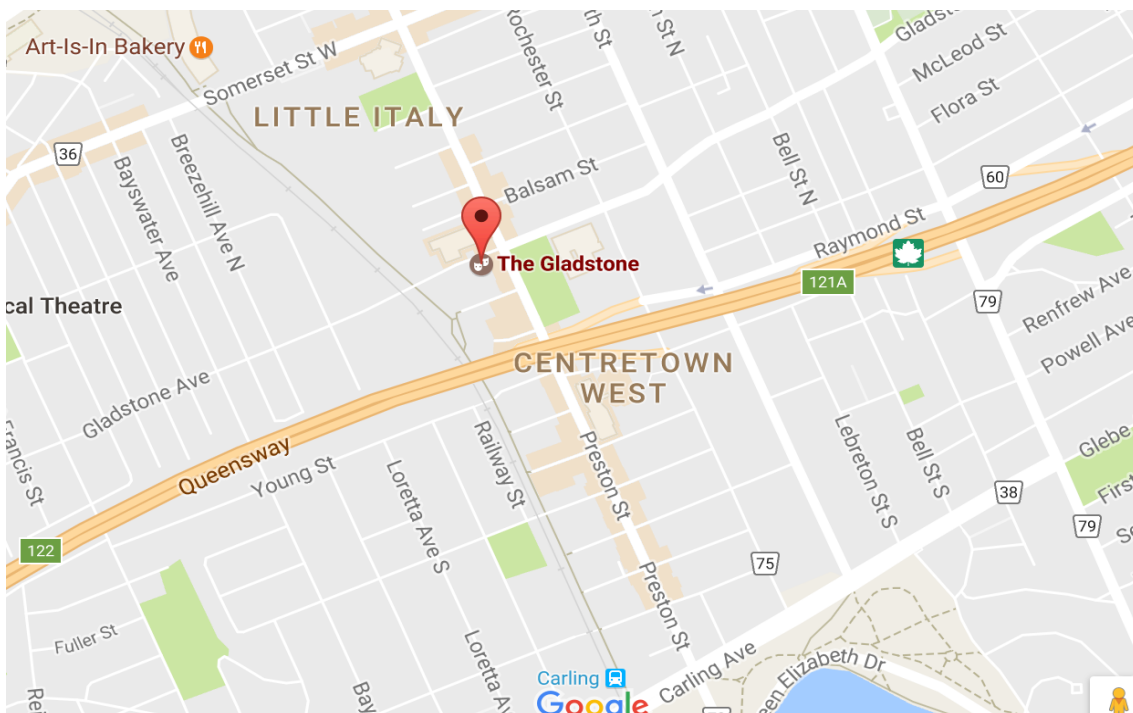
I-Pads, computers and other electronic devices are not permitted at camp.

Cell phones are to be handed in at drop-off and may be used with a coach

present to call parents. They will be returned at pick-up.

## MAGIC CAMP LOCATION:

The Gladstone Theatre  
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Camps open to girls & boys ages 8 to 13yrs; Maximum 5:1 camper/counsellor ratio

PRE-ARRANGED 8:00am drop-off and/or 6:00pm pick-up Add \$10/ day  
LATE PICK-UP (NOT PRE-ARRANGED) Add \$25/ occurrence

## PAYMENT

Payment is accepted by cheque, cash OR email money transfer ([magiclafond@gmail.com](mailto:magiclafond@gmail.com)) ONLY. Cheques should be made out to 'MAGIC STUDIO PRODUCTIONS' & mailed with your complete registration information to:

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c/o Magic Studio Productions  
910 Gladstone Avenue  
Ottawa, ON K1R 6Y4

Cash (or cheque) with complete registration may also be dropped off at *The Gladstone Theatre* daily from 3:00pm – 6:30pm or in the mailbox any time.

## CANCELLATION

Camp session(s) may be cancelled at any time.

To be eligible for a refund minus a \$50.00 administration fee, you must advise Magic Studio Productions of your withdrawal no less than fourteen (14) days prior to the start of your session. Please allow 2-4 weeks for refunds.

## LATE PAYMENT

Payment is due in full on or before first day of class – post-dated cheques accepted for children attending multiple days/weeks and families with more than one child attending classes. A charge of 5% per week of the total outstanding balance will apply in the event of late payment, beginning seven (7) days following the payment due date.

LATE PICK-UP Add \$25 + HST/ occurrence

## HEALTH INSURANCE FOR NON-RESIDENTS

Proof of Health Insurance for non-residents is mandatory. Please include a photocopy of your certificate with your registration form. Insurance Policy Number, Company Name, Dates of Coverage and the name(s) of those covered must be included. Registration will not be processed without this information.

## Important Notes:

- Incomplete registrations will not be processed and spaces will not be held until ALL information is received.
- If payment is declined, the registration will be cancelled. There will be a \$25 charge on all NSF cheques.

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Magic Studio Productions  
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Phone: 613-795-3545

[info@magicstudioproductions.com](mailto:info@magicstudioproductions.com)