

PERMISSION SLIP

Please complete and return this form to your SYM Assembly Leader or bring it with you on Workshop Day. Remember to phone to register before January 24th.



Name: _____

In case of emergency: _____

Age: _____ Birthdate: _____

Are there any food restrictions: Yes No

Address: _____

As the parent, or legal guardian, of the named, I hereby consent to his/her participation at The Society of Young Magicians in Manitoba Magic Workshop Day on Saturday, January 27th at Fort Garry Mennonite Fellowship, 150 Bayridge Avenue, Winnipeg, Manitoba.

City/Town: _____

I understand that I am responsible for the above named. I give my permission for any photographs or video recording to be taken for publicity or historical purposes of this event as authorized by the Society of Young Magicians in Manitoba.

Prov: _____ Postal Code: _____

I agree to release The Society of Young Magicians in Manitoba and its volunteers assisting in this event, as well as the Fort Garry Mennonite Fellowship from and against any and all claims, liabilities or damages arising out of, or in any way related to the Magic Workshop Day.

Telephone: _____

E-mail: _____

SYM Membership #: _____ **Ex. Date:** _____

Date: _____

I am a member of SYM but do not know my number

I am currently not a member of SYM

Signature(Parent/ Guardian): _____

I would like one of the leaders to contact me regarding information about the Society of Young Magicians?

Remember Phone & Register Bring this form on Jan. 27th