

# CONTEST REGISTRATION

Please complete and return this form to your SYM Assembly Leader as soon as possible.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Member of S.Y.M. Assembly # \_\_\_\_\_

Yes, I am using animals in my act.       Yes, I am using Music

TECH NOTES:  Yes     No

Please complete as much information as possible to assist the Master of Ceremonies in introducing your act. (All or none may be used.)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

No. of years doing Magic: \_\_\_\_\_

Other interests and hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(use reverse side if needed)

DO NOT MARK IN THIS AREA

Junior

Senior

Music

**Attention Parents** – As the parent, or legal guardian, of the above named, I hereby consent to his/her participation at The Society for Young Magicians in Manitoba Magic Showcase 2018 on Saturday, May 19, 2018, at the Lions Place, 610 Portage Avenue, Winnipeg, Manitoba.

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 Magic Showcase Committee.

I agree to release The Society for Young Magicians in Manitoba and its volunteers assisting in this event, as well as the Lions Place and any subsequent organizations, from and against any and all claims, liabilities or damages arising out of, or in any way related to the Magic Showcase.

Signature(Parent/ Guardian): \_\_\_\_\_

Emergency Number (if not in attendance): \_\_\_\_\_

Date \_\_\_\_\_

Food restrictions?  Yes     No