# MAGIC MOUNTAIN FAMILY SUMMER BREAK TRIP

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| **WHO:** | **FAMILIES, AGES 6+** |
| **DEPART:** | **FRIDAY, JULY 25 @ 11:30 pm** |
| **MAGIC MOUNTAIN :** | **SATURDAY, JULY 26** |
| **RETURN:** | **SUNDAY, JULY 27 @ 6 am** |
| **COST:** | **$85 EACH FAMILY MEMBER**<br>**DUE THURSDAY, JULY 3rd**<br>**No refunds** |

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This is a turn around trip. Fee includes park admission and transportation. **Maximum 6 spaces** per family. A parent must attend for youth participation. Upon registration a notarized waiver is required. First come, first serve.

**ESCALANTE COMMUNITY CENTER**
**2150 E. ORANGE ST., TEMPE 480-350-5800**
**www.tempe.gov/escalante**

City of Tempe
Escalante Community Center
2150 E. Orange St.
Tempe, AZ 85282
480-350-5800
www.tempe.gov

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REGISTRATION FORM

Activity: **Magic Mountain Family Summer Break Trip- 40435** Fee: **$85 per person**

Name:_____ Birthdate:_____

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Name:_____ Birthdate:_____

Name:_____ Birthdate:_____

Name:_____ Birthdate:_____

Name:_____ Birthdate:_____

Address:_____ Phone:_____

City: _____ State: _____ Zip Code: _____

Emergency Contact:_____ Phone:_____

Emergency Contact:_____ Phone:_____

PERMISSION WAIVER

I _____, parent/guardian of _____,give my permission for him/her to participate in this program. I acknowledge that participation in this program involves risk of injury or death and I assume these risks. I further claim that the participant is physically capable of performing the activities required in the program. In consideration of his/her participation in this activity, I release and hold harmless the City of Tempe and its personnel from any liability for any injury or death arising from participation in this activity. This does NOT waive any claim for intentional or grossly negligent acts or supervision. I also agree to release the City of Tempe of any responsibility for damage to or loss of property arising from participation in this activity.

MEDICAL AUTHORIZATION

I authorize the City of Tempe to obtain emergency transportation and medical treatment necessary for my child in the event of injury or illness. I further understand that the City of Tempe has no medical insurance to pay for these medical expenses incurred on behalf of my child and that I accept responsibility for any emergency transportation and medical treatment expenses and any subsequent medical bills that my child may incur.

Parent/Guardian Signature _____ Date _____

SUBSCRIBED AND SWORN TO ME IN THE COUNTY OF MARICOPA AND STATE OF ARIZONA,

THIS _____ DAY OF _____ A.D. _____

X _____
Notary Public