



REGISTRATION FORM

KIDS ALIVE MUSIC SUMMER CAMP 2017

Name of Child _____

Date of Birth _____ Age _____ M or F

Parent or Guardian _____

Address _____

City _____ STATE _____ ZIP _____

Home Phone _____ Cell/Other Phone _____

E-mail Address _____

Musical Background:

Piano? _____ (how long?) _____ Singing Lessons? _____ (how long?) _____

Sing in a choir? _____ Play in a band? _____ What instrument? _____

Who can pick up your child? _____

Phone: _____

KIDS ALIVE SUMMER MUSIC CAMP
PETALUMA UNITED METHODIST CHURCH
510 D STREET, PETALUMA, CALIFORNIA 94952

PHOTO RELEASE FORM

Permission to Use Photograph

EVENT: Kids Alive Summer Music Camp

Location: Petaluma United Methodist Church, 510 D Street, Petaluma, CA 94952

I grant to the Petaluma United Methodist church and/Louis Strohmeyer, the right to take photographs of me and my family in connection with the above-identified event. I authorize the Petaluma United Methodist Church/or Louis Strohmeyer, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Petaluma United Methodist Church and/or Louis Strohmeyer may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Print Name _____

Address _____

City, State, Zip _____ Date _____

Signature, parent or guardian (if under age 18) _____

PETALUMA UNITED METHODIST CHURCH

RELEASE FORM

(to be filled out by parent or guardian, one for each child. PLEASE PRINT except for signatures)

NAME of Child _____

Date of Birth _____ Age _____ M or F

PARENT OR GUARDIAN _____

ADDRESS _____

CITY STATE ZIP _____

HOME PHONE _____ CELL/OTHER PHONE _____

EMERGENCY PHONE _____ CONTACT _____

CHILD'S PHYSICIAN _____ PHONE _____

INSURANCE COMPANY _____ PHONE _____

POLICY # _____ NAME OF INSURED _____

I grant permission for (print name of child) _____
to participate in the Petaluma United Methodist Church Kids Alive Music program and Camp. I understand that every attempt will be made to contact the parent or guardian in the event of an emergency. I also authorize the adult leaders of United Methodist Church to act as my agent to consent to emergency transportation, examination, x-ray, anesthesia, injection, medical, dental, or surgical diagnosis or treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where services are rendered, either at a doctor's office, clinic, or hospital. I, therefore assume all responsibility for the decision so made, for the emergency care or treatment so secured for my child, and for the cost incurred.

Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

ALLERGIES (including foods) OR OTHER CONDITIONS _____
