



Musique Sur La Mer Youth Orchestras SUMMER DAY CAMP
 REGISTRATION - 2017 (July 10 - 14, 2017 - 9:30 AM - 3 PM)
 PRINT CLEARLY PLEASE

Student _____ Instrument _____ Age _____ M F
 School _____ School Music Program _____
 Years of Group Lessons _____ Years of Private Lessons _____

Preferred Email Address _____
 Home Address _____ City _____ Zip _____
 Mother - Name _____ Home Ph: (____) _____
 Cell Ph: (____) _____ Work Ph: (____) _____
 Father - Name _____ Home Ph: (____) _____
 Cell Ph: (____) _____ Work Ph (____) _____

EMERGENCY CONTACTS (other than parents - name 2 - Parents will be called first)
 Name _____ Phone (____) _____
 Address _____
 Name _____ Phone (____) _____
 Family Physician _____ Phone (____) _____
 Allergies to Food or Drugs _____
 Health insurance _____ Policy # _____

CHECK ONE:

- FREE if Registered for the 2017 -18 MSLMYSO - LPMYO Concert Season AND/OR in the 2017
- \$99 early bird registration - on or before June 15th
- \$149 after June 15th and before July 5th

Please Circle Shirt Size Child's S M L Adult S M L XL (included - no additional charge)

\$ _____ PAID BY: CHECK NUMBER # _____ OR Visa/Mastercard - fill in form completely below

CREDIT CARD AUTHORIZATION FORM PRINT CLEARLY - Check One Visa MasterCard

Cardholder Name: _____
 Credit Card Number: _____
 Expiration Date _____ / _____ 3-Digit Security Code _____
 Full Billing Address _____ ZIP CODE: _____

(Address where monthly credit card statements are received)
 Phone Number (Associated with credit card): (____) _____
 Brief description of the goods or services provided: Tuition Orchestra Camp

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the charges listed above. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions, and I will not chargeback this amount.

Signature: _____ Date ____/____/_____
 Printed Name: _____

Please Imprint Card ON THE BACK OF THIS FORM Place your card under the paper and using a pencil shade in the area to imprint. Everything must be very clear. Photo copies are not acceptable.

PAYABLE & MAIL TO: Musique Sur La Mer Orchestras, Inc.
 6475 Pacific Coast Highway, Suite 371, Long Beach, CA 90803

HEALTH FORM - DUE WITH REGISTRATION MEDICAL ALERT _____

NAME OF PARTICIPANT _____ Birthdate (m/d/y): _____
Home Phone (____) _____ Cell Phone (____) _____
Email _____
Street Address _____
City _____ Zip _____

Name of Mother _____ Lives with minor YES NO
Home Ph (____) _____ Cell (____) _____
Email Address _____
Street Address _____
City _____ Zip _____

Name of Father _____ Lives with minor YES NO
Home Phone (____) _____ Cell (____) _____
Email Address _____
Street Address _____
City _____ Zip _____

MEDICAL INFORMATION

Med. Insurance _____
Group # _____ Policy # _____
Name of Subscriber _____
Secondary Med. Insurance _____
Group # _____ Policy # _____
Name of Subscriber _____
All Immunizations Current? Yes No Date of Last Tetanus Shot _____

PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORDS (minors only) & Your Insurance Card

Highlight all that Apply

Diabetic Yes No Heart Problems Yes No Frequent Headaches Yes No
Asthma Yes No Kidney Problems Yes No
Chickenpox Yes No Date _____ Mumps Yes No Date _____
Measles Yes No Date _____ Liver Problems Yes No
If "yes" to any answer, please explain on the back of the form.

Surgeries & Dates _____
Currently taking the following medications: _____
Allergies to Medication _____
Food & Other Allergies _____
Any other medical or psychological information that you believe to be important:

Doctor _____ Phone (____) _____
Address _____
Dentist _____ Phone (____) _____
Address _____

In case of an emergency, please contact the following person(s) if the parents cannot be reached:
Name Relationship City Phone with Area Code
1. _____
2. _____

X _____ INITIAL In case of an emergency situation I hereby authorize licensed medical professional to administer any and all medical aid to my child, _____ and to bill my insurance. Yes No

HEALTH FORM CONTINUED NAME _____ YEAR _____ - _____

X _____ INITIAL n case of an emergency situation I hereby authorize licensed medical professional to administer any and all medical aid to myself , _____ and to bill my insurance. Yes No

CONSENT TO TREAT A MINOR

X _____ INITIAL - I certify that I am the parent or legal guardian of the child being enrolled in this program. I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power to tender care which the aforementioned physician in the exercise of his/her best judgment many deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code, State of California.

Restrictions, if any _____

This consent will remain in effect until rescinded in writing.

CONSENT FOR FIRST AID TREATMENT, TRANSPORTATION

X _____ INITIAL - I hereby authorize the staff of Musique Sur La Mer Orchestras, Inc. to provide immediate first aid to my child in the event of illness or injury. In addition, if this program provides for the transportation of my child, I hereby grant permission to Musique Sur La Mer Orchestras, Inc. to provide such transportation. This consent will remain in effect until rescinded in writing.

SPECIAL NOTES TO BE ADDED TO HEALTH FORM:

Mother's Signature _____ Date ___/___/___

Father's Signature _____ Date ___/___/___