



Musique Sur La Mer Youth Orchestras SUMMER CAMP REGISTRATION

Year _____ Dates _____

PRINT CLEARLY

PLEASE Student _____ Instrument _____ Age _____
School _____ School Music Program _____
Years of Group Lessons _____ Years of Private Lessons _____
Preferred Email Address _____
Home Address _____ City _____ Zip _____

Mother - Name _____ Cell Ph: (____) _____
Father - Name _____ Cell Ph: (____) _____

EMERGENCY CONTACTS (other than parents - name 2 - Parents will be called first)

Name _____ Phone (____) _____
Name _____ Phone (____) _____

Family Physician _____ Phone (____) _____

CAMP, 2022 (June 20 - July 1, 2022 - Monday through Friday) - FREE of Charge - Thanks to the generosity of our donors.

CAMP TEE SHIRT: \$20. Check payable to MSLMO (include with your registration)

____ Youth M. ____ Youth L. ____ Adult S. ____ Adult M. ____ Adult L ____ Adult XL

X _____ INITIAL - I/we hereby grant permission for my/our child to participate in the Musique Sur La Mer Orchestras program for which I am registering (if registering a minor.) I

X _____ INITIAL - PARENT/GUARDIAN CONSENT FOR VIDEO/AUDIO CONFERENCING, SUCH AS ZOOM

This parental consent notice is provided to inform you that your child/children will be participating in video/audio classes and performances for the purpose of continuing their musical educational instruction and performances. These online music classes are intended for instructional and performance purposes. During video/audio classes, students will be visible/audible to other participants (students and Musique Sur La Mer Orchestras staff) in the class and performance sessions using technology such as Zoom. It is also possible that others in the participant's households may see or hear the participants. These are options that you and your child may choose within Zoom or Google Hangouts/Meet. If you and/or your child do not wish to share their camera and/or their audio capabilities, they may turn them off and simply attend the online lesson as a viewer. For the duration of any video/audio conference, participants are expected to act in a classroom-appropriate manner. Regular class rules and consequences will apply. In the event of inappropriate behavior, a student may be removed from a class. Your signature on this enrollment form signifies your consent for your child to participate as outlined. Thank you in advance for our continued partnership as we work to serve our children and enhance the musical learning community in these challenging times.

X _____ INITIAL Online Music Instruction and Performance Parent Consent

(name of parent) _____, do hereby give my consent for my child (name of child) _____, to participate in Musique Sur La Mer Orchestras & Academy of Music online instrumental music program via Zoom or the similar online format plus online virtual concerts. Online virtual concerts will be viewed on social media, as well as on other formats. I understand that, as part of this program, my child will be instructed by a qualified instructor. I also give my permission for my child's photo, video, sound recording, name and creative works in, and for promotion of, Musique Sur La Mer Orchestra & Academy of Music programs.

My name, on the Signature line below, indicates I have read, understand and agree to all the terms as set forth on pages 1 and 2 of this agreement. PRINT NAME

PARENT _____
SIGNATURE _____ Date ____ / ____ / ____

Musique Sur La Mer Orchestras, Inc. is a 501 (c) 3 non-profit, tax exempt organization EIN #46-3748273
EMAIL Completed, signed PDF REGISTRATION TO: director@mslmorchestra.com
Mailing Address: Musique Sur La Mer Orchestras, 404 Purdue Circle, Seal Beach, CA. 90740

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 *Please attach a copy of immunization records*
Date of Last Tetanus Shot _____ Dates of Covid Vaccinations _____
 Diabetic Asthma Mumps Heart Problem (explain on back of this form)
 Frequent Headaches Chickenpox Date _____ Measles Yes No Date _____
 Kidney Problems Liver Problems (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. _____

HEALTH FORM CONTINUED NAME _____ YEAR _____

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. **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.

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 o myself in the event of illness or injury. In addition, if this program provides for the transportation of my child or myself, 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.

____ANY SPECIAL NOTES TO BE ADDED TO HEALTH FORM - on the back of this sheet

Signature of Participant (18+) _____

If on behalf of a minor - PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED

Signature _____ **Date** ____/____/____
Relationship to the minor _____

Please mail your completed registration packet to our mailing address:
Musique Sur La Mer Orchestras: 404 Purdue Circle, Seal Beach, CA 90740