



ROCK! - The Arts Registration Form - Spring 2010



(Please complete a separate registration form for each child)

Cost: \$60 per semester. After January 22, cost will be \$70 (cost includes t-shirt)

General Information:

Name _____ Birth Date _____ Grade _____ M F

Child's Shirt Size: Youth Sm Youth Med Youth Lg Adult Sm

(No exchanges!) Adult Med Adult Lg Adult XL Adult XXL

Parent or Guardians Name(s) _____

Home Phone Number _____

Mom's Cell Phone Number _____ Dad's Cell Phone Number _____

What is the best way to reach you during ROCK! - The Arts?

Address _____

City _____ Zip _____ E-mail _____

Emergency Contact Information (Please list someone other than parent or guardian):

Name _____ Phone Number _____

Insurance Information:

Provider: _____
(Name) (Phone)

Doctor: _____
(Name) (Phone)

Allergies/Special Needs: _____

Medications Needed: _____

Special Medical Attention or treatment of said minor child not previously mentioned:

Please select your child's top 3 class choices (Please number 1, 2, & 3):

*Additional Costs Apply. See parent information sheet for details.

Grades 1-3

Movement & Song Acting Arts & Crafts Piano* Voice

Grades 4-6

Photo/Video* Piano* Acting Arts & Crafts Dance

My Child Will Will Not be participating in the musical production at the end of the semester.

If you are a parent and would like to help out, where would you like to serve?

Teacher Assistant Production Assistant Other _____

Medical Release:

I (We) the undersigned parent(s) or legal guardian(s) of _____, do 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 a 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 being required but is given to provide authority and power to render care to which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment of 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 provision of section 25.8 of the Civil Code of California and shall remain effective until December 31, 2010. In consideration of the benefits to be derived from the aforesaid outing, I (we) hereby voluntarily waive any claim against The Grove Community Church.

Video/Photo Release:

I, _____ hereby grant permission to The Grove Community Church to use the image of my son/daughter _____ for promotional purposes. I understand that the images may be used on the World Wide Web and internal presentations and other promotional venues.

Please check this box if you do not give The Grove Community Church permission to use your child's image for promotional purposes.

Parental/Legal Guardian Signature: _____ Date: _____

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