

# Application Form



Pizazz 2018 dates: June 25 - 29,  
including a performance on Friday evening, June 29

**Tuition Fee** (includes a \$25 non-refundable application fee; NO refund after June 22):  
 \$125 if full payment received by May 1, 2018  
 \$150 if full payment received after May 1, 2018

**PLEASE NOTE:** Enrollment maximum is 120 participants (eight groups of 15). Applications are accepted on a space-available basis. A waiting list will be established when enrollment is filled.

~ A separate form is required for each child. ~

Name \_\_\_\_\_ M ( ) or F ( ) / Grade (**Fall 2018**) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Parent/Guardian \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Parent's e-mail address** \_\_\_\_\_

T-shirt size - (cost included in tuition fee): **Youth** \_\_\_ S (6-8), \_\_\_ M (10-12), \_\_\_ L (14-16) or  
Adult - Women's sizes \_\_\_ S (4-6), \_\_\_ M (8-10), \_\_\_ L (12-14), \_\_\_ XL (16-18)

**MAKE CHECKS PAYABLE TO: UMCWV**

Mail with application to the church: **PIAZZZ MUSIC CAMP - UMCWV**  
 1049 S. Westlake Blvd., Westlake Village, CA 91361

An online application option is available, with PayPal® payment,  
 from the Pizazz website: [www.PizazzMusicCamp.org](http://www.PizazzMusicCamp.org)

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Previous Pizazz Participant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your child wishes to be in the same group as another similar-age/grade participant, please state name of that person and, while not guaranteed, every effort will be made to accommodate the request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE ALSO COMPLETE THE **MEDICAL, LIABILITY & PHOTO RELEASE FORM PAGE**

# Pizazz Medical, Liability & Photo Release Form

Name \_\_\_\_\_ Age (on June 25) \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Parent/Guardian \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Additional phone # (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Name of Doctor \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

List any physical limitations, developmental or learning disabilities and/or medical problems/allergies:

\_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

I/We, the undersigned parent(s) / guardian(s) of \_\_\_\_\_, a minor, do hereby authorize bona fide officials of the United Methodist Church of Westlake Village, as agents of the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical treatment and hospital care deemed advisable by and to be rendered under the general or special supervision of any member of the medical staff or emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute hospital holding 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 diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his or her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient (except in the case of a life-threatening emergency), but that any of the above treatment will not be withheld if the undersigned cannot be reached. The Pizazz program or the United Methodist Church of Westlake Village will not be responsible or held liable for the cost of such care.

**This medical authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.**

**It is to be in effect from June 25 to 29, 2018, while the student listed is participating in the Pizazz Music Camp.**

**Also, by signing this release, I agree to indemnify and hold harmless the United Methodist Church of Westlake Village (UMCWV), the Pizazz Music Camp and/or staff/volunteers of both in case of any illness, injury, liability, expense or loss as a result of my child (listed above) participating in the Pizazz Music Camp at UMCWV.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

## Photo Release:

I agree that the above-named participant may be photographed or videotaped during the Pizazz week and that this photo/video may be used - without the participant's name included - by UMCWV in publicity, i.e. brochures, church and Pizazz website and Facebook postings. I acknowledge that no further notice is needed by the church prior to the release of the photo/video.

**Please select ONE photo release response:** \_\_\_\_ Yes, I approve; \_\_\_\_ I approve, but only for use of the Pizazz 2018 group photo OR \_\_\_\_ No, I do not approve (please discuss with Carol Ames)

**~ RETURN BOTH PAGES TO THE UNITED METHODIST CHURCH OFFICE ~**