

Pizazz Application Form



Pizazz 2024 dates: July 22 - 26,
including a performance on Friday evening, July 26

Tuition Fee (includes a \$25 non-refundable application fee; NO refund after July 21):
\$160 if full payment received by June 1, 2024
\$190 if full payment received after June 1, 2024

Pizazz Music Camp reserves the right to cancel this program if new developments occur regarding health concerns, natural disasters or insufficient enrollment. If so, a full refund would be given.

~ A separate form is required for each child. ~

Name _____ Gender _____ / Grade (Fall 2024) _____

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 check with application to: PIZAZZ MUSIC CAMP - UMCWV
1049 S. Westlake Blvd., Westlake Village, CA 91361

An online application option is available, with PayPal® payment for a small fee, from the Pizazz website: www.PizazzMusicCamp.org

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Previous Pizazz Participant? _____ Yes _____ No

If no, please tell us how you heard about Pizazz

_____ (i.e.: Friend, sign on corner, social media, etc.)

If new to Pizazz and referred by a friend, who was that friend?: _____

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

Music Experience (at church and/or school) - List singing (choir, private lessons), dance, instrumental (piano, handbells, other; band/orchestra; private/group lessons), musicals/acting and any other music experience:

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

Pizazz Medical, Liability & Photo Release Form

Name _____ Age (on July 22) _____ 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 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 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 July 22 - 26, 2024 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 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 - on a bulletin board during week of Pizazz and/or by UMCWV in publicity, i.e. brochures, church and Pizazz website and Pizazz Facebook posts. 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 2024 group photo OR _____ No, I do not approve (please discuss with a coordinator)

~ RETURN BOTH PAGES TO THE UNITED METHODIST CHURCH OFFICE ~