

# Children's Music and Arts Workshop

## Southern California PAAM

March 21-22, 2025

### Registration and Emergency and Medical Release Form: (Grades 2-6)

Name of Child \_\_\_\_\_ Grade \_\_\_\_ Birthdate \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

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

Email: \_\_\_\_\_ (for accuracies please write email again): \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Cell/Bus. Phone (\_\_\_\_) \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_ Cell/Bus. Phone (\_\_\_\_) \_\_\_\_\_

Others for emergencies: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Doctor: \_\_\_\_\_ Emergency Phone(\_\_\_\_) \_\_\_\_\_

Medical Plan & Number: \_\_\_\_\_

Allergies to any type of medicine: \_\_\_\_\_

**SKILL ABILITY:** DANCE \_\_\_ Beginning \_\_\_ Intermediate \_\_\_ Advanced  
 SINGING \_\_\_ Beginning \_\_\_ Intermediate \_\_\_ Advanced  
 ACTING \_\_\_ Beginning \_\_\_ Intermediate \_\_\_ Advanced

(I)(We), the undersigned parent(s)/guardian of the named above, a minor, do hereby authorize the staff of Southern California Nevada PAAM, as agents for the above named to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital are which is deemed advisable by, any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff at any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital in the State of Hawaii of the UNITED STATES OF AMERICA.

It is understood that this authorization is given in advance of a specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of (my) (our) aforesaid agents to give specific consent to any and all such diagnosis, exercises of his/her best judgment may deem advisable.

(I) We) hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to (my) (our) above named agent(s) upon the completion of treatment.

These authorizations shall remain effective for March 2025 unless sooner revoked in writing delivered to said agents.

(I) also give authorization for the use of photos and videos of my child for archival and publicity use by Southern California Nevada PAAM (Pacific Islander and Asian American Ministries)

A photocopy of this authorization shall have the same force and effect as the original.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Donation ---- Office Use:

\_\_\_\_ \$ 5 per child/maximum per family \$10