



Spirit Music Camp Registration

Student First Name: _____ Last Name: _____
DOB: _____ Age: _____ School: _____ M ___ F ___

Parent First Name: _____ Last Name: _____
Cel Phone: _____ Email: _____
FB: _____

Parent First Name: _____ Last Name: _____
Cel Phone: _____ Email: _____
FB: _____

PERMISSIONS

I give my permission to Reuben or Ronda Pali to authorize medical treatment for my child in the event of an emergency, and to hold Maui Music Mission, it's owners and associates, HARMLESS of liability under ANY and ALL circumstances.

- Maui Music Mission permission has my permission to transport student in case of emergency.
• In case of medical emergency, I hereby give permission to the physician selected by the Mission Director to hospitalize and secure proper treatment for the member listed.
• I agree to reimburse Maui Music Mission for any and all cost it may incur in the medical or dental treatment of this member.

Family Doctor: _____ Phone No. _____

Insurance _____ Preferred Clinic: _____

PHOTOGRAPHIC IMAGES/ VIDEO RELEASE: The undersigned consents to the use of any photographs or film footage taken of this member for advertising, promotion, or any productions authorized by Maui Music Mission and its affiliates.

X _____
Signature: _____ : _____ Date: _____