

# ST. PETER ARMENIAN APOSTOLIC CHURCH

HONORING OUR PAST  BUILDING OUR FUTURE

## *St. Peter Armenian Church "Sound of Children" Year Round Program (Registration form)*

Student Name \_\_\_\_\_ Age: \_\_\_\_\_

Parents Name \_\_\_\_\_

Address: \_\_\_\_\_

City and zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Emergency phone \_\_\_\_\_

Email Address \_\_\_\_\_

*Please check the plan of your choice (get \$50.00 discount by signing for more than one plan)*

**Fall Semester = September to December**

**Spring Semester = January to April**

### **Full Semester Registration Only**

**{}Plan DO** \_\_\_\_\_ **{}Plan RE** \_\_\_\_\_ **{}Plan MI** \_\_\_\_\_ **{}Plan FA** \_\_\_\_\_  
Homework                      Choir                      Instrument                      Dance

**{}Plan SOL** \_\_\_\_\_ **{}Plan LA** \_\_\_\_\_ **{}Plan SI** \_\_\_\_\_  
Acting                      Art                      Chess

***All payments are non-refundable and must be paid in advance. Please make checks payable to St. Peter Church***

***Payment options: Total Payment*** \_\_\_\_\_

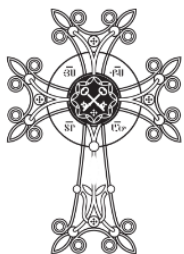
Check \_\_\_ Cash \_\_\_ Credit Card\* \_\_\_ Number \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Transaction fee applies to credit card payment**



# ST. PETER ARMENIAN APOSTOLIC CHURCH

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## *St. Peter Church “Sound of Children” Year Round Program* EMERGENCY RELEASE FORM

I (We) the undersigned parent(s) or legal guardian of \_\_\_\_\_ D.O.B. \_\_\_\_\_ minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general supervision of any member of the medical staff and Emergency Room staff licensed under the provisions of the California 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 for 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, which the aforementioned physicians 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 to 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 provisions of section 25.8 of the Civil Code of California.

PHYSICIAN'S NAME AND PHONE NUMBER \_\_\_\_\_

HEALTH INSURANCE CARRIER NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

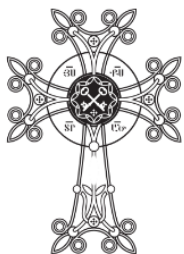
Any special medication taken/allergies or important information/comments:

\_\_\_\_\_

I understand that emergency information is required by the St. Peter Church “The Sound of Music” Summer Program for the release and treatment of my child for any problem requiring possible emergency action. It is my responsibility to notify the school IMMEDIATELY of any change.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT PARENT NAME \_\_\_\_\_



# ST. PETER ARMENIAN APOSTOLIC CHURCH

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## *St. Peter Church “Sound of Children” Year Round Program*

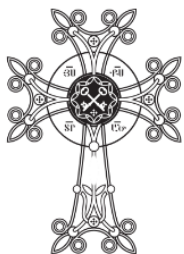
PHOTO RELEASE FORM

I hereby grant St. Peter Armenian Apostolic Church (Sound of Children) permission to use my child(s) likeness in photographs and/or video in any and all of its publications, including Web space, and in any and all other media, whether now known or hereafter existing, **controlled by St. Peter Armenian Church**, in perpetuity, and for other use by the Summer Program. I will make no monetary or other claim against St. Peter Armenian Church Summer Program for the use of the photographs and/or video.

Student(s) Name (print full name) \_\_\_\_\_

Parent's Name (print full name) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



# ST. PETER ARMENIAN APOSTOLIC CHURCH

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## *St. Peter Armenian Church “Sound of Children” Year Round Program*

### LIABILITY RELEASE FORM Release of All Claims

In consideration for being accepted by St. Peter Armenian Apostolic Church (St. Peter) for participating in **St. Peter Armenian Church “Sound of Children” Year Round Program**, we being 21 years of age or older, for ourselves, and for and on behalf of our child-participant if our child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless St. Peter Armenian Apostolic Church, and its officers, directors, members, agents, servants, volunteers, and employees from any and all liability, claims or demands for personal injury, sickness or death, as well as expenses, of any nature whatsoever, which may be incurred by the undersigned and/or the child/participant that we incur while our child-participant is participating in the above described activity.

Furthermore, we for ourselves and on behalf of our child-participant if under the age of 21 years hereby assume all risk of personal injury, sickness, death, damage and expense arising from participation in recreation and activities involved in the program. Further, we give authorization and permission to St. Peter Church to furnish any necessary transportation, food and lodging for the participant for the program activities.

The undersigned agree(s) to hold harmless and indemnify, on behalf of signor and named participant, St. Peter Armenian Apostolic Church, its officers, directors, members, agents, servants, volunteers, and employees, for any damages, or third-party claims for indemnity, sustained by St. Peter as the result of the negligent, willful or intentional acts of the undersigned participant, including any expenses incurred by St. Peter related to such acts.

Unless this document is signed by a participant who is over 21 years old, by signing below my signature confirms I am the parent or legal guardian of the participant. I grant permission for him/her to participate fully in any activities during this program. By signing below, I give permission to St. Peter and/or its agent(s) to take the named participant to a doctor or hospital if a medical emergency occurs. If I or my designated emergency contact cannot be reached by telephone or other means in a reasonable amount of time, or in an emergency situation where time is of the essence, I authorize medical treatment, including but not limited to emergency surgery or medical treatment, to stabilize the participant if needed, and I assume the responsibility of any medical bills arising from that treatment. Further, if circumstances require the participant to leave the program for the day due to medical reasons, disciplinary action or otherwise, the undersigned hereby assumes responsibility for all transportation costs.

*The use of plurals such as “we, ourselves,” etc., is intended to also encompass the singular and should be read as “myself” etc., where appropriate.*

\_\_\_\_\_  
Type or print name of Participant

\_\_\_\_\_  
Parent or Guardian home phone      work phone

Hospital Insurance  Yes  No  
Insurance Company: \_\_\_\_\_

\_\_\_\_\_  
Policy Number

Participant’s Physician: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Physician’s phone: \_\_\_\_\_

Emergency Contacts: (when parent or guardian is unavailable)

Name & Relationship *phone number*

Name & Relationship *phone number*

### Signatures

Only participant need sign if 21 years of age or older. If under 21, *both* parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

\_\_\_\_\_  
Father’s Signature

\_\_\_\_\_  
Mother’s Signature

\_\_\_\_\_  
Father’s Signature

\_\_\_\_\_  
Legal Guardian’s Signature

\_\_\_\_\_  
Participant’s Signature