



VALLEY CHRISTIAN  
MIDDLE SCHOOL

# SUMMER JAZZ CAMP

JULY 26-30, 2021  
8:00AM - 10:00AM

## DETAILS:

- 2 years playing experience recommended
- No prior jazz experience required
- Students from other schools can attend
- Cost? \$60
- Where? VCMS, 18100 Dumont Ave, Cerritos
- Questions? email Mr. Kooi ([ekooi@vcschools.org](mailto:ekooi@vcschools.org))

# Jazz Camp

# Registration Form

Student Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Grade: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Please mail/deliver \$60 fee to: Valley Christian Middle School

(Checks payable to VCS)

Attn. Eric Kooi

18100 Dumont Ave.

Cerritos, CA. 90703

## Authorization To Consent To Treat A Minor

I/we, the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize Valley Christian Middle School teachers or school officials as agent(s) of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give special consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

This authorization is given pursuant to the provision of section 6910 of the civil code.

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(Name of Insurance Provider)

\_\_\_\_\_  
(Policy Number)

List any medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_