

2022 Summer Youth Conservatory Application

Download this form
Fill the fields out on your computer
Email back to
Education-Outreach@musical.org

You will be sent a link to purchase your registration



SOUTHERN CALIFORNIA'S PREMIER MUSICAL THEATRE COMPANY
PAUL GARMAN, EXECUTIVE DIRECTOR / PRODUCER

4350 EAST 7TH STREET
LONG BEACH, CA 90804 - 5546
(562) 856- 1999
www.musical.org

Student Information

Student Name: _____ Grade entering in fall: _____

Mailing Address: _____

School: _____ Gender: _____

Adult Contact Information

Mother/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mailing Address: _____

Father/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mailing Address: _____

Non-parent Emergency Contact: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Student Daily Release Information

Please list (first and last name) anyone, including parents to whom your child can be released to:

I understand the above-name student will only be released to the names listed above, an update may be done on the first day of camp.

Parent/Guardian Signature: _____ Date: _____

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MUSICAL THEATRE WEST

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Consent and Release from Liability

Throughout the duration of the camp, we will be photographing and video recording. I hereby understand and acknowledge the participation of my child in the Musical Theatre West Summer Youth Conservatory. The intended distribution of and use for this production is strictly for promotional purposes of the program or in support of MTW's educational outreach programs.

I hereby grant permission for Musical Theatre West and those acting under its permission to copyright, use, publish, display, produce, duplicate, photographic, video, and sound recordings of me or my child as described above. I further grant permission for Musical Theatre West to use segments or portions of the photograph or recording for announcements, information film clips, or other uses necessary to provide information or advertisement for the production.

I hereby release, discharge, and agree to hold harmless Musical Theatre West and those acting under its permission from any liability to the extent permitted by law, for the preparation, distribution, and use of the product as described above.

I authorize MTW to use my child's picture, testimony, and video in any promotional materials (web, print, or media).

I certify that my child has permission to attend camp and participate in all activities.

Parent/Guardian Signature: _____

Date: _____

**Permission to Participate
Medical Release Waiver of Liability
(Under Age 18)**

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I, the undersigned parent or legal guardian of _____, a minor, requests that he/she be permitted to participate with Musical Theatre West. I have been advised of the rules, regulations, and expectations of the theatre company and agree to abide by them and fulfill our obligations as required. If I have any questions regarding participation in this event, I will ask a Summer Youth Conservatory representative immediately.

I will permit photographs and videos of my child taken at **Musical Theatre West** rehearsals, productions, and events to be used for publicity and other purposes.

Furthermore,

In consideration of the acceptance of my child's registration for this activity, I hereby agree to indemnify and hold harmless **Musical Theatre West**, its officers, administrative board, trustees, employees, and volunteers from any liability, claim, or action for damages resulting from, or in any way arising out of, the participation in the Summer Youth Conservatory activities by my child. This authorization is to remain in effect during the time of enrollment in the Summer Youth Conservatory activities unless revoked in writing.

Signature: _____ **Date:** _____

Medical Information

It is our policy to contact the parent or guardian as soon as possible in the event of a serious accident or injury.

I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act. 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 that the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned before rendering treatment to the patient but that any of the above treatments will not be withheld if the undersigned cannot be reached.

Signature: _____ **Date:** _____

Physician: _____ Phone: _____

Medical Insurance Carrier: _____ Policy#: _____

Current on all immunizations required by my school district: Yes No _____

Any additional information including medical history, medications, allergies, etc. to which a physician should be alerted:

Please attach any additional information you would like us to know about your child. IF confidential submit it in an envelope.