

# 2024 Summer Youth Conservatory Application

Download this form  
Fill the fields out on your computer  
Email back to  
[Education-Outreach@musical.org](mailto:Education-Outreach@musical.org)

You will be sent a link to purchase your registration

## MUSICAL THEATRE WEST

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](http://www.musical.org)

Questions? [Education-Outreach@musical.org](mailto:Education-Outreach@musical.org)

### Student Information

Student Name: \_\_\_\_\_ Preferred Name at Camp \_\_\_\_\_

Pronouns \_\_\_\_\_ Grade entering in fall: \_\_\_\_\_

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

School: \_\_\_\_\_

### Adult Contact Information

Primary Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Secondary Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Non-parent/Guardian Emergency Contact: \_\_\_\_\_ 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: \_\_\_\_\_

#### ONLY FOR CAMPERS 9<sup>th</sup>-12 grades

My child will be :

Walking

Driving themselves

Taking public transit

I release Musical Theatre West and its staff from any liability once my child checks themselves out of camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Media Consent and Release from Liability

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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Medical Information & Release**

**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.