

2026 Summer Camp Application

Download this form and read the
What To Know Page from our website.
Fill the fields out on your computer and
email back to Education-Outreach@musical.org

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

Questions? Email Education-Outreach@musical.org

You will receive a call from MTW staff to process your payment.

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 in the presence of the primary or secondary parent/guardian.

Parent/Guardian Signature: _____ Date: _____

ONLY FOR CAMPERS 9th-12th 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.

Acknowledgment of Terms and Materials

I, the undersigned parent or legal guardian, have read the What To Know Page and accept all terms and conditions listed.

Parent/Guardian Signature: _____ Date: _____