

Camper Information

1st Camper's Name: _____ COST \$250

Age on 6/1/18: _____ T-shirt size (circle): Adult or Child Size: XS S M L XL

2nd Camper's Name: _____ COST \$200

Age on 6/1/18: _____ T-shirt size (circle): Adult or Child Size: XS S M L XL

3rd Camper's Name: _____ COST \$150

Age on 6/1/18: _____ T-shirt size (circle): Adult or Child Size: XS S M L XL

Family Information

Address: _____ City: _____ Zip: _____

Mother or Guardian's Name: _____

Home Phone: _____ Email: _____

Father or Guardian's Name: _____

Home Phone: _____ Email: _____

After Registration is received, a Camper Packet will be emailed to you.

Please Read Carefully: I acknowledge that my/my child's participation in this program exposes me/my child to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating/permitting my child to participate in this program and agree to assume any such risks. In consideration for me/my child being permitted to participate in this program, hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless Mostly Theatre Company, the City of El Centro, and the Central Union High School District and any of their employees or volunteers from any and all claims, demands, actions or suits arising out of or in connection with my/my child's participation in the program. I hereby release, discharge and agree not to sue Mostly Theatre Company, the City of El Centro, or the Central Union High School District or its employees or volunteers, for any injury, death or damage to or loss of personal property arising out of, or in connection with my/my child's participation in this program. I hereby consent to my/my child's participation in this program. NOTE: By signing this agreement, you are agreeing to release photo, video or film rights to be used for any legitimate purpose by the event holder, sponsor or directors. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL. I FURTHER CERTIFY THAT I AM THE PARTICIPANT, PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED PARTICIPANT.

Date Signed: _____ Signature: _____

Please make checks payable to & mail to:

Mostly Theatre Company, P.O. Box 1714, El Centro, CA 92244-1714

NO REFUNDS AFTER 6/25/05