Mostly Theatre Company
Summer Arts Camp

Ages 7-13
July 11th-July29th
Monday-Thursday 8am-12pm
Showcase July 30th
$120

Child's Name: _____ DOB: _____

Address: _____ City/Zip: _____

T-shirt Size (circle):   Adult or Child   XS S M L XL

Parent/Guardian (1): _____

Phone: _____ Email: _____

Parent/Guardian (2): _____

Phone: _____ Email: _____

Emergency Contact: _____Phone: _____

Please list any allergies or health concerns we should be aware of:

_____

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, and St. Mary's School 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, 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.

Signature:_____ Date Signed: _____

Please make checks payable to & mail to:
Mostly Theatre Company, P.O. Box 1714, El Centro, CA 92244-1714
NO REFUNDS WILL BE PROVIDED AFTER THE FIRST DAY OF CAMP

MTC USE ONLY: ○ Cash Amt: _____   Initials: _____   ○ Check #_____ Amt: _____