



Complete registration form & check or money order
for **\$120** payable to **HCF / The Western Stage Young Company**

Mail to:

The Western Stage 411 Central Avenue, Salinas, CA 93901 ATTN: Summer Youth Camps

Check one: **JRTheatre (ages 5-8)** **YOU*Theatre Camp (ages 9-16)**

CAMPER INFORMATION (please print clearly):

Last _____ First _____

Street Address: _____

City: _____ Zip: _____ EMAIL: _____

Phone #: () _____ Age: _____ Date of Birth: _____

PLEASE READ:

I am aware that with any instructional program certain dangers may occur, including, but not limited to, the hazards of accidents or illness. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist, and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. As stated in California Education Code Section 35330, I understand and I may assume all of the above mentioned risks, will hold the Hartnell Community College District, its officers, agents and employees, harmless from any and all liability or claims whatsoever, which may arise out of or in connection with participation in any activities arranged for the participants by the Hartnell Community College District. The terms thereof shall serve as a release and assumption of risk for my heirs, executors and administrators, and for all members of my family. I fully understand that participants are to abide by all rules and regulations governing conduct during the instruction program. Any violation of these rules and regulations may result in that individual being sent home.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature: _____ Date _____