

2022 SUMMER THEATRE YOUTH CAMP REGISTRATION FORM

Camper Name:			Age:
Parent/Guardian Name:			
Address:			
Day Phone: Ev	ve Phone:	En	nail:
Emergency Contact Name & Phone:_			
Does your child have any medical or p	physical condition that s	should warrant	our attention? \square Yes \square No
If "yes," please explain:			
PAYMENT INFORMATION			
Amount: ☐ \$800 Payment in Full ☐	☐ \$250 Non-Refundable	e Deposit	
Form of Payment: Check payable to Boxtales Theatre Company			
☐ Please charge m	y:	☐ MasterCard	d 🗌 Discover
Card #:		Exp:	CVV: Billing Zip:
WAIVER OF LIABILITY			
I, the undersigned, parent or legal guardian of, being of lawful age, knowingly voluntarily state and agree as follows:			
In consideration of my child (as named in bound, I do hereby on behalf of my child an and forever discharge BOXTALES Theatre C damages, costs, judgments or liability what account of or in any way growing out of an property damage and the consequences thindicated above, during the time period should be consequenced.	d for my heirs, executors, Company, their officers, en tsoever, which my child no y and all known, unknown nereof resulting from or to	administrators, s nployees and ago ow has or which n, foreseen, unfo	uccessors and assigns, release, waive ents, from any and all claims, actions, may hereafter accrue to my child on preseen, bodily and personal injuries,
I understand that signing this waiver release or property damage that may be incurred a injuries or damage caused by the reckless of agents. I further understand and agree tha the Civil Code of California are also express which creditor does not know or suspect to him or her to have materially affected his or	as a result of my child part or intentional conduct of E at in signing this documen asly waived. That section exist in his or her favor at	icipating in the a BOXTALES Theat It all my or my ch reads: A gener the time of exec	above described activities, except for tre Company's employees, officers or nildren's rights under section 1542 of al release does not extend to claims
I acknowledge that no representation of fac or agents to induce this release on my part. with full knowledge of all rights or privilege	I have signed this release	BOXTALES Thea e freely and volur	atre Company, its officers, employees ntarily after having read it completely
Signature: X	□ Pa	arent 🗌 Guardia	an Date :

To reserve a spot in the camp, return the completed form with payment to: