



## SOUND OF MUSIC CAMP, 2024

AGES 6-8 and 9-15

### REGISTRATION

**Student** \_\_\_\_\_ **Age** \_\_\_\_\_

**Parents** \_\_\_\_\_ **cell:** \_\_\_\_\_

\_\_\_\_\_ **cell:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**APRIL 22-26                    9:00-4:00**  
**Performance: Friday    3:00**  
**Montpelier, Capital City Grange**

**TUITION:**     \_\_\_\_\_ \$ 475

Payment/forms to:  
VYT, 388 Sierra Lavin Rd., Barre 05641

**Medical Consent Form, Vermont Youth Theater  
SOUND OF MUSIC CAMP, April 22-26, 2024**

**Student** \_\_\_\_\_ **Age** \_\_\_\_\_

**Parents:** \_\_\_\_\_ **Phone:** \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_, \_\_\_\_\_

**Town of Residence:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Primary/Pediatrician** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Please list any pertinent medical history or conditions for your child (other side):

Medications or treatment your child will need:

Dietary concerns:

Medical insurance: \_\_\_\_\_

*Policy* \_\_\_\_\_ *Group #* \_\_\_\_\_

**Consent to Medical Care for Minors**

By signing below, I/we hereby authorize Vermont Youth Theater to consent to any medical care and treatment for my/our child,

\_\_\_\_\_, that is recommended by a licensed health care provider to whom said child is presented for treatment. In order to ensure that the child receives prompt medical care and/or treatment if necessary, we hereby release Vermont Youth Theater, its director and crew, and any licensed health care provider providing medical care to said child in reliance of this form from liability relating to such provider's acceptance of our substitute caregiver's consent.

**Injury Waiver:** I accept responsibility for my or my child's physical well-being and release Vermont Youth Theater and its director and crew from any liability.

Parent

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAIL TO:  
VYT, 388 Sierra Lavin Rd., Barre, VT 05641**