



# *Christmas in Noisy Village*

December 7, 8, Ages 6-11

## Registration

MAIL TO: VYT, 388 SIERRA LAVIN ROAD, BARRE, VT 05641

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

Parents \_\_\_\_\_ cell # \_\_\_\_\_

\_\_\_\_\_ cell# \_\_\_\_\_

**Weekly Rehearsals at Capital Grange, Montpelier:**

**Thursdays, 4:00-6:00 pm, Roles**

**4:00-4:45 pm, Children’s Chorus/Beginning Actors**

**Dates:** Sept. 13, 20, 27

Oct. 4, 11, 18, 25

Nov. 1, 8, 15

**Pre-production Rehearsal at Plainfield Opera House:**

Sunday, Nov. 25, 1:00-4:00 pm

**Production Week at Plainfield Opera House:** Dec. 4, 5, 6 (DRESS), 4:00-7:00 pm

**Performances:** Fri, Dec. 7, 7:30 pm; Sat., Dec. 8, 2:00 pm and 7:30 pm

**Rehearsal attire for Roles Actors: Actor black --- close-knit top & leggings OR leotard & leggings; movement shoes (ballet, jazz, martial arts, etc.)**

**Enrollment fee (Due by Sept 10, late fee \$25):**

\_\_\_ \$350, Roles

\_\_\_ \$175 Children’s Chorus/Beginning Actors

\_\_\_ \$95 Performance fee

**Medical Consent Form, Vermont Youth Theater**

Student Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parents: \_\_\_\_\_ Phone #s \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Phone #s \_\_\_\_\_, \_\_\_\_\_

Primary care  
physician/Pediatrician \_\_\_\_\_ Phone# \_\_\_\_\_

Please list any pertinent medical history or conditions for your child:

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 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 from any liability.

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

**PLEASE RETURN FORMS/PAYMENT BY MAIL TO:**

**VYT, 388 Sierra Lavin Rd., Barre, VT 05641**