



BEOWULF, WARRIOR

TEEN COMPANY, SPRING 2019

Registration

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

Student _____ Age _____

Parents _____ cell # _____

_____ cell# _____

EMAIL ADDRESS: _____

SCHEDULE:

- 1. FRIDAYS, 5:00-7:00 pm**
Capital City Grange, Montpelier
Dates: Feb. 1, 8, 15; Mar 8, 15, 22, 29; Apr 5, 12, 26; May 3, 17
- 2. PRODUCTION WEEK REHEARSALS (Plainfield Opera House):**
May 21 (if needed), 6:00-8:00 pm
May 22, 23, 24, 5:00-8:00 pm
- 3. PERFORMANCES: Sat., May 25, 7:30 pm**
Sun., May 26, 2:00 pm and 7:30 pm

FEES: Tuition: \$425; Registration/Production: \$75 (non-refundable)
TOTAL: \$500 Payable to VYT: 388 Sierra Lavin Rd., Barre, VT 05641

Registration/payment/medical due by mail before the start of class. Late Fee: \$35.
Cancellations after two weeks of class are non-refundable.

REGISTRATION/PAYMENT DUE BY MAIL BEFORE THE START OF CLASS

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