



# A CHRISTMAS CAROL 2025

Taplin Theater, 64 State St., Montpelier

## REGISTRATION

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

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

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

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

## CLASSES:

\_\_\_\_\_ **London Street Urchins ages 6-9** **Tuition:\$295**  
**Saturdays 10:30-12:00**  
[10/11 10/18 10/25 11/1 11/8 11/15 11/22] and Dress Rehearsals TBA 11/30, 12/2, 12/3, 12/4

\_\_\_\_\_ **The Cratchits, Horribles & Tiny Tim ages 9-12** **Tuition:\$295**  
**Saturdays 9:00-10:30**  
[10/11 10/18 10/25 11/1 11/8 11/15 11/22]  
**Sunday 4:00-7:00**  
[11/16] and Dress Rehearsals TBA 11/30, 12/2, 12/3, 12/4

\_\_\_\_\_ **Scrooge, Ghosts & Company ages 11-17** **Tuition: \$395**  
**Thursdays 5:30-7:30**  
[10/9 10/16 10/23 10/30 11/6 11/13 11/20]  
**Sunday 4:00-7:00**  
[11/16] and Dress Rehearsals TBA 11/30, 12/2, 12/3, 12/4

## PERFORMANCES:

December 5, 7:00 pm; December 6, 2:00 pm; December 7, 2:00 pm

**Medical Consent Form, Vermont Youth Theater**  
**A CHRISTMAS CAROL 2025**

**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 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, volunteers, venues and crew from any liability.

Parent

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

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