



# BEAUTY AND THE BEAST

AUGUST 5-9, 2019

## Registration

MAIL TO: VYT, 22 Vine Street, Montpelier, VT 05602

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

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

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

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

Dates:  
AUGUST 5-9, 2019

Time:  
9:00 am to 4:00 pm

Location:  
VYT Barn Theater, Barre Town, Vermont

Fee: \$395

Payment:

\_\_\_\_\_ check made payable to VYT (\$395)

**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, 22 Vine Street, Montpelier, VT 05602**