



FROZEN

JULY 29-AUGUST 2, 2019

Registration

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

Student _____ Age _____

Parents _____ cell # _____

_____ cell# _____

EMAIL ADDRESS: _____

Dates:

July 29-August 2

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