

VERMONT YOUTH THEATER

FALL 2021



REGISTRATION

Student _____ Age _____

Parents _____ cell # _____

_____ cell# _____

EMAIL ADDRESS: _____

Fee: _____ \$275 Merlyn & Wart, the Young King
_____ \$275 Merlyn's Wizard School
_____ \$175 Young Broadway
_____ \$245 Death by Hot Tea
_____ \$ 90 Red Zinger Deathly Singers

Registration and Payment, please mail by September 10, 2021 to:

VYT
388 Sierra Lavin Road
Barre, VT 05641

Medical Consent Form, Vermont Youth Theater

Classes attending: _____

Student _____ **DOB** _____

Parents: _____ **Phone:** _____, _____

_____ **Phone:** _____, _____

Contact Email: _____

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, including any Covid 19-related risks, symptoms or illness.

Parent
Signature _____ Date _____

PLEASE RETURN FORMS/PAYMENT BY MAIL TO:

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