



# OLD FASHIONED CHRISTMAS 2002

## REGISTRATION

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

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

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

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

**Town:** \_\_\_\_\_

**Location:** Bethany, 115 Main St., Montpelier

<b><i>WIDGET the VERY BAD ELF</i></b>	<b><i>A CHRISTMAS CAROL</i></b>	<b><i>NIGHT BEFORE XMAS</i></b>
<b>Ages 8-12</b>	<b>Ages 11-17</b>	<b>Ages 6-8</b>
Thursdays 4:00-6:00	Saturdays 12:00-2:30	Wednesdays 4:15-5:30
Nov 10, 17	Nov 12, 26	Nov 16, 30
Dec 1, 8, 15 [18, 19, 20]	Dec 3, 10, 17, [18, 19, 20]	Dec 7, 14 [18, 19, 20]

**Production Week** Dec 18, 19, 20 4:00-7:00 TBD  
**Performances** Dec 21 at 6:30 pm  
Dec 22 at 6:30 pm

WIDGET the VERY BAD ELF \_\_\_\_\_ \$245  
A CHRISTMAS CAROL \_\_\_\_\_ \$265  
NIGHT BEFORE XMAS \_\_\_\_\_ \$135

**PLEASE MAIL FORMS/PAYMENT TO:  
VYT, 388 Sierra Lavin Rd., Barre, VT 05641**

**Medical Consent Form, Vermont Youth Theater**

**Student** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Parents:** \_\_\_\_\_ **Phone:** \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_, \_\_\_\_\_

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,

\_\_\_\_\_, which 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-related risks, symptoms or illness.

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

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