

# VERMONT YOUTH THEATER



## OLD FASHIONED CHRISTMAS

Candles & Carols, Scenes & Songs

DEC. 22, 2021, 5:00 pm & 7:00 pm

Bethany Center, Main St., Montpelier

### REGISTRATION

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

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

Parents \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Ages 5-8** *A Child's Christmas in Wales* by Dylan Thomas. With Children's Singing.

(4) Tuesdays, 4:15-5:30. 11/30, 12/7, 12/14, 12/21, (12/22 Performance)

\_\_\_ \$115 enclosed, check payable to VYT

**Ages 9-12** *The Father Christmas Letters* by JRR Tolkien. And 2-part Children's Chorus.

(3) Thursdays, 4:15-5:45; 12/2, 12/9, 12/16;

(1) Tuesday, 5:30-7:00; 12/21; (12/22 Performance)

\_\_\_ \$135 enclosed, check payable to VYT

**Ages 13-17** *A Christmas Carol* by Charles Dickens. And VYT 3-part Chorus.

(2) Saturdays 12:00-3:00, 12/4, 12/11;

(1) Monday 5:00-7:00, 12/20; (12/22 Performance)

\_\_\_ \$155 enclosed, check payable to VYT

Please mail to: VYT, 388 Sierra Lavin Road, Barre, VT 05641

**Medical Consent Form, Vermont Youth Theater**

Program 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**