

VERMONT YOUTH THEATER

SUMMER 2023

Student	Age	
Parents	cell #	
	cell#	
EMAIL:		
Town/State:		
	HARRY POTTER II\$475 LORD OF THE RINGS IN COMMENT OF THE RINGS IN COMME	
Medical Cons	sent Form, Vermont Youth Theater	
Physician/Pediatrician	Phone	
Pertinent medical history or condition Medications or treatment your child w Dietary concerns:	· ·	
Medical insurance:	PolicyGroup)
Consen	at to Medical Care for Minors	
• • •	nont Youth Theater to consent to any medical care and treatme, that is recommended by a	
licensed health care provider to whom said chil prompt medical care and/or treatment if necess any licensed health care provider providing me to such provider's acceptance of our substitute my child's physical well-being and release Ver	Id is presented for treatment. In order to ensure that the child reary, we hereby release Vermont Youth Theater, VYT instructed actions and child in reliance of this form from liability recaregiver's consent. Injury Waiver: I accept responsibility for mont Youth Theater, Mary L.Wheeler and Vermont Youth Theater and Youth Theater of the consent of th	receives fors and relating r my or
Parent Signature	Date	

Tuition Payment & Refund Policy

Deposits

A non-refundable deposit per camp is due at the time of your child's reservation.

• Weekly Day Camp: \$150

• Overnight Camp for Girls: \$500

Tuition Due

Payment of camp tuition in full is due by June 1st.

Paperwork Required

Forms and fees will please be on file with VYT before the camp week begins.

Please mail to:

VYT 388 Sierra Lavin Rd Barre, VT 05641

Refund Policy

If, for any reason, a cancellation occurs more than three weeks ahead of the camp start date, VYT will refund payments made, less the deposit fee.

If VYT must cancel a camp, a full refund will be issued.