



HAMILTON WEEK!

REGISTRATION

Student _____ **Age** _____

Parents _____ **cell:** _____

_____ **cell:** _____

EMAIL: _____

DATES: February 26 – March 1

HOURS: Monday-Friday 9:00-4:00

LOCATION: Capital City Grange (1 mile from downtown Montpelier)

TUITION: \$475

Please mail payment **NO LATER** than 2/15 to: VYT, 388 Sierra Lavin Rd., Barre 05641

Medical Consent Form
HAMLTON WEEK 2/26 – 3/1 2024

Student _____ **Age** _____

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

_____ **Phone:** _____, _____

Town of Residence: _____

Contact Email: _____

Primary/Pediatrician _____ **Phone#** _____

Please list any pertinent medical history or conditions for your child (other side):

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, its director and crew, 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, its director and crew from any liability.

Parent

Signature _____ Date _____

PLEASE MAIL TO:
VYT, 388 Sierra Lavin Rd., Barre, VT 05641