



CHILDREN OF THE THIEVES 2024

REGISTRATION

Student _____ Age _____

Parents _____ cell: _____

_____ cell: _____

EMAIL: _____

WEEKLY CLASSES start Feb 8/9:

GROUP A	Age 6 – 8	Thursdays	4:30-5:45
GROUP B	Age 9 – 11	Fridays	4:30-6:00
GROUP C	Age 11-15	Thursdays	5:45-7:45

ALL Cast Class: 4/28 5:30 pm

PRODUCTION WEEK: May 6 - 11

PERFORMANCES: MAY 10, 11 7:30 pm, Plainfield Opera House

FOOTWEAR: Ballet slippers or Jazz shoes (black, pink, neutral)

TUITION: GROUP A _____ \$ 295

GROUP B _____ \$ 365

GROUP C _____ \$ 395

Please mail payment to: VYT, 388 Sierra Lavin Rd., Barre 05641

**Medical Consent Form, Vermont Youth Theater
CHILDREN OF THE THIEVES 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 and its director and crew from any liability.

Parent

Signature _____ Date _____

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