

# SUMMER 2022 registration

Student		Age
Parents	cell #	
	cell#	
	CCH17	
EMAIL:		
Residence:		
\$450 Hogwarts\$450 Harry Potter\$450 Musical Theater\$1,250 Overnigh		
Medical Consent Fo	rm, Vermont Youth Theater	
Physician/Pediatrician	Phone	
Pertinent medical history or conditions for you Medications or treatment your child will need Dietary concerns:		
Medical insurance:		Group
Consent to Mo	edical Care for Minors	
By signing below, I/we hereby authorize Vermont You my/our child,	· · · · · · · · · · · · · · · · · · ·	
licensed health care provider to whom said child is pre- prompt medical care and/or treatment if necessary, we health care provider providing medical care to said chi- provider's acceptance of our substitute caregiver's con- child's physical well-being and release Vermont Yout	esented for treatment. In order to ensure hereby release Vermont Youth Theater ild in reliance of this form from liability isent. Injury Waiver: I accept responsibility	that the child receives and any licensed relating to such lity for my or my
risks, symptoms or illness.  Parent Signature	Date	

## **VERMONT YOUTH THEATER**



#### **Tuition Payment & Refund Policy**

### **Deposits**

To hold a spot, a non-refundable deposit per camp is due at the time of registration.

• Weekly Day Camp: \$150

• Overnight Camp for Girls: \$500

#### **Tuition Due**

Payment of camp tuition in full is due by May 15<sup>th</sup>.

If registering your child after May 15<sup>th</sup>, full tuition is due at the time of registration.

#### **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 a cancellation occurs within three weeks of camp, no refunds will be issued.

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