

# VERMONT YOUTH THEATER

SUMMER 2021 at the VYT Barn Theater



## REGISTRATION

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

Parents \_\_\_\_\_ cell # \_\_\_\_\_

\_\_\_\_\_ cell# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

- Fee:** \_\_\_\_\_ \$425 Narnia Week  
\_\_\_\_\_ \$425 Actor Intensive  
\_\_\_\_\_ \$425 Secret Garden  
\_\_\_\_\_ \$425 Musical Theater Actor  
\_\_\_\_\_ \$300 Let's Be Hobbits, Early Actor  
\_\_\_\_\_ \$300 Pirates, Shipwreck and Scurvy

**Deposit:** \$100 non-refundable deposit per camp, due by May 1, 2021

**Payment in Full:** Two weeks prior to camp

Vermont Youth Theater 388 Sierra Lavin Rd, Barre 05641

**Summer 2021 Medical Consent Form, Vermont Youth Theater**

**Camp(s) 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-related risks, symptoms or illness.

Parent  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN FORMS/PAYMENT BY MAIL TO:**

**VYT, 388 Sierra Lavin Rd., Barre, VT 05641**