



## ***HAMILTON***

Spring Break Camp April 21-25  
Capital City Grange Hall  
REGISTRATION

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

Parents \_\_\_\_\_ cell: \_\_\_\_\_

\_\_\_\_\_ cell: \_\_\_\_\_

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

**DATES: April 21-25**

**HOURS: Monday-Friday 9:00-2:00**

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

**TUITION: \$295**

### **Medical Consent Form**

Physician/Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance: \_\_\_\_\_

### **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/Mary L. Wheeler 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 and psychic well-being and release Vermont Youth Theater/Mary L. Wheeler from any liability, including any injury or illness.

Families agree to indemnify and hold harmless Capital City Grange Hall, their officers, agents, visitors, guests and employees against all claims, damages, expenses, injuries, attorney's fees arising in connection with use of the Capital City Grange Hall.

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

**PLEASE MAIL SIGNED FORM AND PAYMENT: VYT 388 SIERRA LAVIN RD., BARRE, VT 05641**