

New England Youth Theatre  
Stephen Stearns, Ph.D., Artistic Director  
100 Flat Street, Brattleboro, VT 05301  
Ph: 802/246-NEYT (6398) ext 101 E-mail: michelle@neyt.org Web: www.neyt.org

Registration and Release Form

Please complete this form and return it to the NEYT office at the above address. **A deposit is due with your registration. Full tuition is due by the first class/program, or the first day of rehearsal.** If you need to make any financial arrangements (payment plan, financial aid application), please contact registrar Michelle Meima at 246-6398 ext 101 **before** the class or rehearsal period begins. *Financial aid is limited and goes quickly, so do not wait to make a request.*

**Please write clearly when filling out the following information.** Thank you!

**Child 1's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Child 2's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Child 2's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Adult 1** (*parent primarily responsible for child(ren)'s schedule*)

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone H: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Adult 2**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone H: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Is there anything in particular we should know about your child(ren)?**

(over)

**Medical Information** (Please note any medical conditions we should be aware of, such as asthma, or allergies to foods or bee stings—if you would like a staff member to administer an injection in case of a bee sting, be certain to provide written permission, instructions and a supply of unexpired medication.) Please also describe here any physical or emotional condition that we should know about in order to best educate your child and keep them and other students safe.

Please describe here any medication (s) that your child is taking that will affect their training with us.

**Emergency Care Request:** It is NEYT practice to call parents and Rescue, Inc. in case of emergency. If you would like another procedure followed please indicate below.

In the event of an emergency requiring medical treatment, I give my permission for \_\_\_\_\_ to be treated at Brattleboro Memorial Hospital.

Physician to be contacted if possible: \_\_\_\_\_ Phone: \_\_\_\_\_

Friend to be called if parent cannot be reached: \_\_\_\_\_  
Phone \_\_\_\_\_

**Permissions:** Please check all that apply, and sign below. Thank you.

**Participation Release:** I give permission for my child(ren) \_\_\_\_\_ to participate in New England Youth Theatre classes and productions. I understand that all physical exercise involves some risks. I assume all risks associated with participation in this program, including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the program. All such risks to my child are known and appreciated by me. I understand this informed consent form and agree to its conditions on behalf of my child. Further, I authorize the NEYT faculty person(s) to provide emergency medical treatment of any injury or illness my child may experience including treatment by qualified medical personnel if they consider treatment necessary. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so, or in a life-threatening situation.

**Photo Release:** I give my permission for NEYT to use photos or video clips of my child in any press, poster, NEYT website, or other promotional materials developed to support this production/class/camp.

**E-mail Release:** I give my permission to receive e-mail from NEYT about programming.  
*(Please note: Only one parent need sign, signature and date must be updated with each class/production)*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_