

New England Youth Theatre
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 2010

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 rehearsals begin. *Financial aid is limited and goes quickly, so don't 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 3'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 _____

Workplace _____ Special Skills _____

Interested in volunteering? _____

Parent/Adult 2

Name _____ E-mail _____

Phone H: _____ W: _____ Cell: _____

Address _____ City _____ St _____ Zip _____

Workplace _____ Special Skills _____

Interested in volunteering? _____

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

Please also describe here any physical or emotional conditions that we should know about in order to best educate your child and keep him/her and other students safe. For example, we must know if there is a chance your child might suddenly leave the building, become violent or exhibit unpredictable behavior.

Please advise if there is anything we should know about your child(ren) not provided elsewhere on this form.

Emergency Care Request: It is NEYT practice to call parents and Rescue, Inc. in case of emergency.

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.

Waiver: I have supplied NEYT with all the necessary information to safely include my child(ren) in any programs. I agree to full responsibility should my child(ren) be the cause of any damages.

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 to my child 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. 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. All reasonable efforts will be made by NEYT to contact me.

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 legally authorized parent need sign. Signature and date must be updated with each class/production.)

Parent's Signature _____ Date _____