

New England Youth Theatre
Theatre Adventure Program
100 Flat Street, Brattleboro, VT 05301
Ph: 802/246-NEYT (6398) ext 101, Web: www.neyt.org
E-mail: laura@theatretheadventure.org (802-257-7024)

Registration, Health and Release Form 2015-16

Please complete this form and return it to the Theatre Adventure Director's e-mail address listed above. Feel free to call Laura Lawson Tucker with any questions. **A deposit is due with your registration. Please mail the deposit to NEYT. Full tuition is due by the first class/program.** If you need to make any financial arrangements (payment plan or financial aid application), please contact Michelle Meima at 246-6398 ext 101 **before** the class begins. *Financial aid is limited. We need to hear from you in advance of the semester in order to award financial assistance.*

Participant's Name _____
Date of Birth _____
School or
Agency _____

Parent/Guardian/Home Provider
(person primarily responsible for participant)

Name _____
E-mail _____
Phone H: _____ W: _____
Cell: _____
Address _____ City _____
State _____ Zip _____

Parent/Adult 2

Name _____ E-mail _____
Phone H: _____ W: _____
Cell: _____
Address _____ City _____
State _____ Zip _____

Support Professional (attending class with student)

Name _____

E-mail _____

Phone H: _____ W: _____

Cell: _____

Address _____ City _____

St _____ Zip _____

Please provide us information about the student's specific learning needs and strengths in order to ensure a successful experience in the Theatre Adventure Program. Feel free to use the back of this form if more space is needed to complete this application.

Medical Information: *Please note all medical conditions we should be aware of such as: asthma, seizure disorder, allergies to foods or bee stings, etc. If you would like a staff member to administer any medications we must have written permission, instructions and a supply of unexpired medication. All Medical information is confidential and is crucial to have on file in case of a medical emergency.*

Current Medications: *Please list ALL of the Troupe Member's prescription medications.*

Physical or Emotional Conditions: *We need your help to best understand your student so that we can provide an optimal educational experience.*

Emergency Care Request: The emergency protocol at NEYT is to call parents and/or Rescue, Inc. in case of an emergency. *If you would like us to follow a different procedure 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 _____ 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 the participant are known and appreciated by me. I understand this informed consent form and agree to its conditions on behalf of the participant.

Further, I authorize the NEYT faculty person(s) to provide emergency medical treatment of any injury or illness my student 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 online social media (eg: Facebook, Youtube, Indiegogo, Kickstarter) developed to support New

England Youth Theatre.

E-mail Release: I give my permission to receive e-mail from NEYT about programming.

Please note: Only one parent or provider needs to sign. The signature and date must be updated with each class/production.

Participant's Signature_____

Date_____

OR Parent/Guardian/Home Provider

Signature_____

Date_____

If filling this out on-line, please return to the Theatre Adventure Director:
Laura Lawson Tucker, laura@theatreadventure.org

Or, mail to: Laura Lawson Tucker, 4075 Guilford Center Road, Guilford,
Vermont 05301

Updated August, 2015