

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

**Registration, Health and Release Form 2017-18**

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 or Elissa Pine 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 \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Interests/Passions/Talent/Skills:** Tell us about the ways the student shines in the world. *Feel free to use the back of this form if more space is needed to complete this application.*

**Specific Learning Needs:** Please provide us information about the student's specific learning style, 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.*

**Developmental/Physical Challenges:** In order to provide an optimal educational experience we need your help to best understand the student's developmental challenges and/or medical conditions: Cerebral Palsy, Down Syndrome, Autism Spectrum Disorder, developmental delay, asthma, seizure disorder, allergies to foods or bee stings, etc. *Feel free to use the back of this form if more space is needed to complete this application.*

**Current Medications:** *Please list ALL of the Troupe Member's prescription medications. If you would like a staff member to administer any medications we must have written permission, instructions and a supply of unexpired medication. All personal and medical information is confidential and is crucial to have on file in case of a medical emergency.*

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**RELEASES                      SIGNATURES REQUIRED**

**1) 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:*

**Alternative Procedure:** \_\_\_\_\_

**Signature**

**Date**

**2) 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:

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Phone \_\_\_\_\_

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**Signature**

**Date**

**3) Participation Release:** I give permission for \_\_\_\_\_ to participate in New England Youth Theater 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.

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**Signature**

**Date**

**4) Photo Release:** I give my permission for NEYT to use photos or video clips of my student in any press, poster, NEYT website, or online social media (e.g.: Facebook, Youtube, Indiegogo, Kickstarter) developed to support Theatre Adventure/New England Youth Theatre.

**Signature**

**Date**

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

**Signature**

**Date**

*Please note: Only one parent or provider or guardian needs to sign. Students who are their own guardians must sign. The signature and date must be updated with each class/production.*

If filling this out on-line, please return to the Theatre Adventure Director: Laura Lawson Tucker, [HYPERLINK "mailto:laura@theatreadventure.org" laura@theatreadventure.org](mailto:laura@theatreadventure.org)

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

**FALL SEMESTER 2017 TUITION: \$350**  
**WINTER/SPRING 2018 TUITION: \$450**

*Updated August 2017*

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