



Inclusive theater
with artistry & belief in self

Registration, Health and Release Form 2023/24

Please complete this ENTIRE FORM including releases and return to:
laura@theatreadventure.org
or to
P.O. Box 2264 West Brattleboro, VT 05303.

We require a new form filled out for each student each year.

Please refer to page 5 for tuition and financial aid information.
All information provided on this form is kept confidential.

Student's Name: _____
Date of Birth: _____
School or Agency Affiliation: _____
Email: _____
Phone H: _____ Cell: _____
Address: _____
City _____ State _____ ZIP _____

Parent/Guardian/Home Provider
Primary contact person for student

Name/Role: _____
E-mail: _____
Phone H: _____ W: _____ Cell: _____
Address: _____
City _____ State _____ ZIP _____

Parent/Guardian/Home Provider or Agency Contact***Secondary contact***

Name/Role: _____

E-mail: _____

Phone H: _____ W: _____ Cell: _____

Address: _____

City _____ State _____ ZIP _____

Support Professional (attending class with student)

Name/Role: _____

E-mail: _____

Phone H: _____ W: _____ Cell: _____

Address: _____

City _____ State _____ ZIP _____

Student's Interests/Passions/Talent/Skills: What are the ways this individual 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 information about the individual's specific learning style, needs, and strengths in order to ensure a successful experience in Theatre Adventure. *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 help us better understand the individual's developmental challenges and/or medical conditions such as 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 individual’s prescription medications.** If you would like a staff member to administer any medications we must have written permission, instructions and unexpired medications. All personal and medical information is confidential and is crucial to have on file in case of a medical emergency.

COVID Vaccinations: Please list dates of ALL vaccinations.

******* RELEASES ***** SIGNATURES ***** REQUIRED**

*Please note: Only one parent or guardian needs to sign the releases.
Students who are their own guardians must sign.*

1) **Participation Release:** I give permission for _____ to participate in Theatre Adventure, Inc. 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.

Signature

Date

2) **Emergency Care Request:** Our emergency protocol is to call the primary contact person and/or Rescue, Inc. or other ambulance service in case of an emergency.

If you would like us to follow a different procedure please indicate below:

Alternative Procedure: _____

Signature

Date

**3) In the event of an emergency requiring medical treatment,
I give permission for _____
to be treated at Brattleboro Memorial Hospital or the closest medical facility.**

Physician to be contacted if possible: _____
Phone: _____

Individual to be called if primary contact person cannot be reached: _____

Phone: _____

Signature

Date

4) Photo/Video/Media Release: I give permission for Theatre Adventure, Inc. to use photos or video clips of _____ in press, posters, Theatre Adventure, Inc. website, or online social media (e.g., Facebook, YouTube, Indiegogo, Kickstarter) in order to support Theatre Adventure, Inc.

Signature

Date

5) E-mail Release: I give my permission to receive e-mail from Theatre Adventure, Inc. about programming.

Signature

Date

If filling this form out on-line, please return signed (by scanning the original) to:
Laura Lawson Tucker, Theatre Adventure Director @laura@theatreadventure.org

or

Mail to: Laura Lawson Tucker, P.O. Box 2264, West Brattleboro, VT 05303

~TUITION and FINANCIAL AID INFORMATION on NEXT PAGE~

Theatre Adventure, Inc. • P.O. Box 2264, West Brattleboro, Vermont 05303 • 802-387-0765 •
theatreadventure.org

TUITION & PAYMENT INFORMATION

Summer 2023- \$475 (Fulltime)

Fall 2023- \$425

Winter/Spring 2024- \$475

Please register _____ for the session(s) checked above.

A check is enclosed for the following amount: _____

Please send a Tuition Invoice to:

Name: _____

Address: _____

City _____ State _____ ZIP _____

FINANCIAL AID INFORMATION

Please contact the Theatre Adventure Directors for information about area scholarships, grants or financial resources available through schools and agencies.

Updated June 2023

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