

Helen Hayes Youth Theatre – Waiver and Lunch Form

Please return this form no later than June 26.

Mail to: HHYT, PO Box 395, New City, NY 10956 or

Fax it to: (845)638-0508

1. Every HHYT student must have a signed waiver:

(Student's Name) has my permission to participate in the Helen Hayes Youth Theatre. The Helen Hayes Youth Theatre is waived of all liability during the course of my child's involvement with the program. In the case of an emergency, my child may be treated at the nearest medical facility.

Parent/Guardian's Signature:

Date:

2. The lunch permission form should only be signed if you want your child to leave the studios to have lunch in town. Participants in the 5 – 7 year old program may not leave the studios.

(Student's Name) has my permission to eat lunch in the town of Nyack (circle one)

A. with a high school or college-aged production assistant

B. unattended (usually unattended kids go out with a group of kids from the program)

Parent/Guardian's Signature:

Date: