

# TCT 2025 WHITE CHRISTMAS

## YOUTH PARTICIPATION / PERMISSION FORM

Participant's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

**1) Parent/Guardian #1 Information:** Name: \_\_\_\_\_

Cell: \_\_\_\_\_ HOME PH: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

**2) Parent/Guardian #2 Information:** Name: \_\_\_\_\_

Cell: \_\_\_\_\_ HOME PH: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

**OPTIONAL - Additional Emergency contact Information :** (Please list in the order we should call).

1) Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Contact relationship to Cast/Crew \_\_\_\_\_

2) Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Contact relationship to Cast/Crew \_\_\_\_\_

**ATTENDANCE:** I understand that rehearsal time is very short and attendance is very important. Absences should be limited to 2 or 3 missed rehearsals. Additional absences should be approved by the Director and Producers. Please list all conflict dates. Participants must be able to attend all Technical and Dress rehearsals and perform in all of the shows.

Conflict Dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OVER>**

**PARTICIPATION FEES for Children grades 4th - 8th grade - \$75.00**

**Please attach a check or cash. Checks should be made out to: Trumbull Parks & Recreation**

**I am paying by Cash \_\_\_\_\_ Check \_\_\_\_\_ CH # \_\_\_\_\_ Amount enclosed \_\_\_\_\_**

Waiver of Participant by a Parent: In consideration of your accepting my or my child's registration and entry and participation in the Trumbull Parks and Recreation, Trumbull Community Theatre production of White Christmas including rehearsals, performances or related events ("the activity"). I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of Trumbull or the Parks and Recreation Department; and its representatives, successors and assigns, for any and all injuries suffered by myself or my child at the activity sponsored by these groups. I understand there is inherent risk associated with the activity and authorize emergency medical treatment and transportation in my absence.

PHOTO RELEASE: THE TRUMBULL PARKS AND RECREATION DEPARTMENT MAY VIDEOTAPE OR TAKE PHOTOGRAPHS OF PARTICIPANTS ENROLLED IN RECREATION ACTIVITIES, CLASSES OR PROGRAMS. THESE PHOTOS AND/OR VIDEOTAPES MAY BE USED FOR PROMOTIONAL PURPOSES. I certify by my signature that I am the custodial parent or guardian; or I have the expressed authorization of the custodial parent, or guardian to enroll said participant(s) in the specified activities listed.

**Parent / Legal Guardian signature is required for all children under the age of 18 years old.**

**Name \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**