

2026 TRUMBULL COMMUNITY THEATRE

Fiddler on the Roof

Youth Participation Form

Participant's Name _____ **Date of Birth** _____ **Age** _____

Cell Phone _____ **Home Phone** _____ **Email** _____

Address (with zip code) _____

Medical Allergies or food sensitivities _____

Parent/Guardian: Name: _____

Cell _____ **Home** _____ **Email** _____

Address (if different than above) _____

Relationship to Participant _____

ATTENDANCE: I understand that rehearsal time is very short and attendance is imperative. 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: _____

Medical Waiver: In consideration of my participation in the Trumbull Parks and Recreation, Trumbull Community Theatre production of White Christmas, including all rehearsals, performances or related events ("the activity"). I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I 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 at the activity sponsored by these groups. I understand there is inherent risk associated with the activity and authorize emergency medical treatment and transportation on my behalf.

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.

PARTICIPATION FEE for children grades 3rd - 8th grade - \$75.00. Please attach a check, payable to Trumbull Parks & Recreation or cash. To pay by credit card, check pay online for an emailed link.

I am paying by: **Cash** ____ **Check** ____ **CH #** ____ **Amt Enclosed** ____ **Pay Online** ____

Parent/ Legal Guardian signature is required for all participants under the age of 18.

I certify by my signature that I am the custodial parent or guardian of the participant named above.

Print Name _____

Signature _____ **Date** _____