

TCT CHRISTMAS CAROL 2024

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 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: _____

PARTICIPATION FEES for Children age 6 - 8th grade - \$75.00

Please attach 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 parent: In consideration of your accepting my or my child's registration and entry, 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

Name _____

Signature _____ Date _____