

# TCT 2025 WHITE CHRISTMAS

## ADULT PERMISSION FORM

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

Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Address \_\_\_\_\_

**1) Emergency Contact : Name:** \_\_\_\_\_

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

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

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

**2) Emergency Contact : Name:** \_\_\_\_\_

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

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

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

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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