

2026 TRUMBULL COMMUNITY THEATRE

Fiddler on the Roof

Adult Participation Form

Participant's Name _____

Date of Birth _____ Cell Phone _____ Home Phone _____

Email: _____

Address _____

Emergency Contact : Name _____

Cell _____ Home Phone _____ 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.

Signature _____ Date _____