TYA 2026 ONCE UPON A MATTRESS
TRUMBULL PARKS AND RECREATION

PERMISSION FORM

Name _____ CAST _____ CREW_____

Age_____ Date of Birth_____ School _____Grade _____ (Fall 2026)

Cell Phone_____ Email: _____Home Phone: _____

Address_____

City_____State_____ Zip _____

1) Parent / Guardian Information: Name _____

Cell: _____ HOME PH: _____Email: _____

Address (if different than above): _____

2) Parent / Guardian Information: Name _____

Cell: _____ HOME PH: _____Email: _____

Address (if different than above): _____

Additional Emergency contact (if different from above)

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 missed rehearsals. Additional absences should be approved by the Director and Producers. Please list all conflict dates including weekends and Holidays. No absences from 7/18 – August 3rd.

_____

_____

Please list allergies to foods and medicines, and medical conditions:

_____

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 an 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.

FEES: I understand that in addition to participation fees, all cast members must sell $100 in program booklet ads, or collect $100 donations (Siblings $50 each). See the attached payment form.

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

Name_____**Signature**_____ **Date**_____

Cast Members 18 years of age and older:
I am 18 years old, or older, and I give my consent to the foregoing on my own behalf.

Name_____**Signature**_____ **Date**_____