

T Y A 2024 ANYTHING GOES Permission Form

Name _____ CAST _____ CREW _____
Age _____ Date of Birth _____ School _____ Grade _____ (Fall 2024)
Cell Phone _____ Email: _____ Home Phone: _____
Address _____

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): _____

Emergency contact list (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 missed rehearsals. Additional absences should be approved by the Director and Producers. Absence/Conflict Dates: _____

Please share any Food allergies or illnesses that you want us to be aware of:

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.

In addition to participation fees, all cast members must sell \$100 in program booklet ads, or collect \$100 donations (Siblings \$50 each). See attached payment form.

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

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

Signature _____ Date _____