

Trumbull Parks & Recreation  
**T Y A Summer Theater 2023 – ANASTASIA**  
**CAST / CREW Permission Form**

**Cast/Crew Member information:**

Name \_\_\_\_\_ CAST \_\_\_\_\_ CREW \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ (entering Fall 2023)

Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_

**1) Parent / Guardian Information: Parent's Name** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

**2) Parent / Guardian Information: Parent's Name** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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 \_\_\_\_\_

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**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:

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

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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 students under the age of 18**

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

**Cast Members 18 and older:**

**I am 18 years old, or older and I give my consent to the foregoing, on my own behalf**

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

Participation Fees:

I am paying by Check \_\_\_\_\_ CH # \_\_\_\_\_ ( Please make checks out to Trumbull Youth)

Cash \_\_\_\_\_

I will pay on-line through the Trumbull Recreation Dept. \_\_\_\_\_  
(The Trumbull Recreation Department will send you an email to make a credit card payment)