

Tolland Youth Services Community Theater



Summer 2024 Cast Registration Form

Return this form and participation fee (*checks payable to TYSCT*) via mail or in person to: **Tolland Human Services, 21 Tolland Green, Tolland, CT 06084**, (open Mon-Wed 8:00-4:00, Thurs 8:00-7:00, closed Fri). For more information, contact Tolland Human Services at: tysctmusical@gmail.com. **Participation capped at 60 Senior Chorus, 40 Junior/Mini Chorus members - Tolland residents will be given preference in the event the participation cap is exceeded.**

Group	<input type="checkbox"/> Senior Chorus (Currently in Grades 6-12)	<input type="checkbox"/> Junior Chorus (Currently in Grades 3-5) <input type="checkbox"/> Mini Chorus (Currently in Grades K-2)
Participant Fee*	\$120	\$85

**Limited scholarships available, see Teresa Kristoff at Tolland Human Services for information*

Participant Information

Name _____ Pronouns _____

Address _____

Email _____ Phone _____

Current Grade (2023-2024) _____ School Attended _____ Age ____ Birthdate _____

Previous TYSCT experience: Summer Musical: # ____ years Coffee House: # ____ years

Other theatrical experience/special skills: _____

Dance: _____ years Studio: _____ Style: _____

Voice: _____ years Coach: _____ Style: _____

TYSCT T-shirt

Participant fee includes one cast t-shirt. Additional t-shirts can be purchased for \$15 each.

Please indicate size (YS, YM, YL, S, M, L, XL, XXL) and number of t-shirts desired below.

T-shirt	Size	Cost
Participant		Included
Additional t-shirt(s)		
Additional t-shirt(s)		
Additional t-shirt(s)		
Total		\$

Summer Schedule

June 24 – July 18 (excluding July 4)	Monday-Thursday 6:00 - 9:00 pm	Leads & Senior Chorus Rehearsal
	Tuesday & Thursday 6:00 - 7:30 pm	Junior & Mini Chorus Rehearsal
July 20	Saturday 9:00 am - 2:30 pm	Tech Day (All)
July 22 – 25	Monday-Tuesday 6:00 - 9:30 pm	Rehearsal (All)
	Wednesday 5:30 - 9:30 pm	Dress Rehearsal (All)
	Thursday 5:00 - 9:00 pm	Dress Rehearsal (All)
July 26 & 27	Friday & Saturday 7:00 pm	Performance (All)

Participant commits to attending rehearsals and performance. Any planned absences will be communicated to TYSC staff at earliest notice.

Parent/Guardian Information

Name(s) _____

Email _____ Phone (1) _____

The following individuals are permitted to pick up my child from rehearsals and show nights **(Please list legal names):**

- I'm interested in helping with:
- Set Construction
 - Lobby Decoration
 - Costumes
 - Photography
 - Concessions
 - Marketing (Posters, Ad Sales)
 - Usher
 - Stage Make-Up
 - Junior/Mini Back-stage assistance

My child will need an accommodation because of a disability to enjoy this program.
Details: _____

My child has a medical condition, allergy, behavioral issue that staff should be aware of, in order to monitor for the safety of my child. Details: _____

***** By granting permission for your child to take part in the 2024 TYSC Summer Musical, you acknowledge and consent to the potential capturing of images featuring your child for promotion and publicity purposes*****

Emergency Medical Authorization

In the event of an emergency while your child is participating in a Tolland Youth Services program, and a parent/guardian cannot be reached, Tolland Youth Services has permission to contact:

Name(s) _____ Relationship _____ Phone _____

Doctor's Name _____ Phone _____

Waiver & Medical Release

My child has permission to participate in the 2024 TYSC Summer Musical. In consideration of your acceptance of this registration, I hereby, for myself, my child, executor and administrators, waiver and release all rights and claims for damages I or my child may have against the Town of Tolland and it's representatives, the Tolland School District and its representatives, successors and assigns for any and all injuries suffered by myself or my child during participation in the registered activity. In case of an accident occurring during my or my child's participation I hereby grant permission to the Town of Tolland to utilize any emergency medical care it deems necessary to treat injuries suffered by myself or my child. I further understand the Town of Tolland Youth Services reserves the right to photograph facilities, activities and program participants for potential future publicity or promotional purposes only.

Parent/Guardian Signature _____ Date _____

TYSC use only: Registration Paid \$ _____ T-shirt Paid \$ _____ Cash Check / Check # _____