



Klein Theatre Arts Spring '19 Semester Registration

November 12, 2018

Dear Parents/Guardians:

Registration for Klein Theatre Arts (KTA), a tuition-free arts education program that provides instruction in singing, dancing, improvisational acting, and technical production, is now open. It is available to students in grades 6 through 12 who are Bridgeport residents. Classes start on Tuesday January 22, 2019 and end with the spring semester-ending concert on Friday March 29th.

After School at The Klein (ASK) meets Mondays, Tuesdays and Wednesdays from 3-6 pm. Students receive instruction in singing, dancing and acting.

Klein Dance Company is offered to students most passionate about learning new dance styles and genres. It meets on Mondays and Wednesdays for 45 minutes immediately following regular ASK classes (6:00 pm until 6:45) Auditions for new members of the Klein Dance Company will be held on Wednesday January 23.

A third component of KTA is a **technical production course** taught by members of the professional stage hands union, IATSE. That 3-hour class, limited to high school students, will be taught one day a week on Thursdays from 3pm until 6pm. Students learn the basic skills of lighting, audio and set construction.

Participation in KTA is not based on talent auditions. We respectfully request from students a passion to learn, a commitment to perfect attendance, and that they provide their own transportation to and from The Klein.

Applications are being accepted now for enrollment to the Spring 2019 semester of KTA. For more information contact the Klein box office and online at our website: www.theklein.org. If you have questions, please contact us by phone at 800-424-0160 extension 3. Many thanks!

**KLEIN THEATRE ARTS
2019 SPRING SEMESTER SCHEDULE**

Acting, Singing & Dance: 3:00 p.m.– 6:00 p.m.

- Week 1 – Tuesday & Wednesday (JAN 22 & 23)**
- Week 2 – *Monday, Tuesday & Wednesday* (JAN 28, 29 & 30)**
- Week 3 – *Monday, Tuesday & Wednesday* (FEB 4, 5 & 6)**
- Week 4 – *Monday, Tuesday & Wednesday* (FEB 11, 12, 13)**
- Week 5 – *Wednesday* (FEB 20)**
- Week 6 – *Monday, Tuesday & Wednesday* (FEB 25, 26, & 27)**
- Week 7 – *Monday, Tuesday & Wednesday* (MAR 4, 5 & 6)**
- Week 8 – *Monday & Wednesday* (MAR 11, 12 & 13)**
- Week 9 – *Monday, Tuesday & Wednesday* (MAR 18, 19, 20)**
- Week 10- *Monday through Thursday* (MAR 25, 26, 27, 28)**

KLEIN DANCE COMPANY MEETS MON. & WED. (see italics above)

**FINAL PERFORMANCE Friday, March 29th
SHOW TIME: 7:00 P.M.**

**KLEIN TECHNICAL PRODUCTION COURSE
SPRING 2019 (THURSDAYS – 3:00PM – 6:00PM)**

- WEEK 1 – JANUARY 24**
- WEEK 2 – JANUARY 31**
- WEEK 3 – FEBRUARY 7**
- WEEK 4 – FEBRUARY 14**
- WEEK 5 – FEBRUARY 21**
- WEEK 6 – FEBRUARY 28**
- WEEK 7 – MARCH 7**
- WEEK 8 – MARCH 14**
- WEEK 9 – MARCH 21**
- WEEK 10- MARCH 28 AND 29**

The Klein Memorial
910 Fairfield Ave
Bridgeport, CT 06605
Tonya Whitley
(800) 424-0160 Ext. 3
ask@theklein.org

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Acceptance Process

**Application Deadline for Students:
Friday, January 10th, 2019**

Please confirm by:
Email: ask@theklein.org or
Phone: 800-424-0160 x 3

All parents/guardians of new enrollees are required to attend a short orientation on TUESDAY JANUARY 29TH at 6:00PM

Enrollment is limited. ACT NOW to reserve your spot!

ALL FORMS (7 pages) ARE TO BE SUBMITTED IN ADVANCE of the 2019 Spring semester. A medical form is included in this packet. You may submit a medical form provided by your doctor's office in place of the one provided, however, it must be signed and dated by your child's physician and must contain the information we have requested. Please note – completed medical forms **must be returned** or your child WILL NOT be able to start the program. If your child attended the fall semester and we have a current physical form you **DO NOT** have to submit another one. If it is not current you will receive a call from Tonya or Brenda with a timeline for it to be completed. Please note that you son or daughter will be dismissed from the program if we do not have a current physical.

Please note: We do not keep medical forms on file from a previous year.

Registration forms are to be mailed to the attention to:

**Tonya Whitley / ASK
The Klein
910 Fairfield Ave
Bridgeport, CT 06605**

**Note: Registration confirmations will not be sent unless requested.
If requested, they will be sent via Email.**

If you have any questions or need additional information please contact [us at 800-424-0160 X3](tel:800-424-0160).

KLEIN THEATRE ARTS: 2019 Spring Semester

Klein Theatre Arts is offered to all Bridgeport students from grades 6 through 12. ASK is a tuition-free theatre arts program funded by the Klein Memorial Auditorium Foundation and other charitable foundations along with the generosity of corporate & private donors.

KTA's MISSION:

Inspiring and educating students in the performing arts.

KTA helps build a strong sense of self-esteem, confidence and character through the craft of theatre and musical theatre in a positive, nurturing, non-competitive learning environment

We encourage each student and work with them to cultivate their talents and abilities in music, dance and theatre arts, but most importantly, we teach them the concept of teamwork. The students work together as members of a cast and help each other to create a performance at the end of each semester they can all be proud to stage. **KLEIN THEATRE ARTS** is taught by theatre professionals under the direction of Theatre Producer, Director and Performer Maureen Hamill.

There will be instruction in:

DANCE: BROADWAY STYLE, JAZZ, HIP HOP AND BALLET

VOICE: VOCAL TECHNIQUE AND SONG PERFORMANCE

THEATRE: IMPROVISATION, SCENE STUDY AND AUDITIONING

OPEN TO HIGH SCHOOL STUDENTS ONLY:

TECHNICAL PRODUCTION: SETS, LIGHTING AND AUDIO BASICS taught one day per week by a member of the professional stagehands union, I.A.T.S.E. and a professional set designer (Thursdays)

Each semester will culminate in an exciting performance. Each show will be designed to bring out the best in each and every cast member!!

The cast also has the opportunity to choose material that they would like to perform. We encourage participation in song choices, staging and choreography.

Information for Parents and Guardians

The Klein Memorial address: 910 Fairfield Ave Bridgeport, CT 06605

KTA Workshop Hours: 3:00 p.m. to 6:00 p.m.

Klein KTA phone: (800) 424-0160 Ext. 3

Students cannot leave The Klein premises once they have signed in. Unless signed out by a parent or Guardian whose information we have on file.

The workshop ends at 6:00 and your child will **not** be dismissed early unless of an emergency or prior notice from a parent /guardian.

If student does not have written permission from parent/ guardian to walk or take the bus home it is required that the parent/ guardian sign the student out at the end of each day.

Parents need to keep all contact information updated at all times. (Phone, Email, text, work phone, emergency contacts, etc.)

This is a full commitment of you and your child to the ASK program. Each student is key to the success of the learning process and the performance at the end of the semester. The staff and the cast work very closely with each other building a show. Each cast member must be at every rehearsal. As sports teams require their team member being there every day at practice to play in the game, we also require our "team" members to be there every day to be in the show.

Parent volunteers

Volunteer to help ASK staff in one or more of the following areas:
End of the semester production help with costumes, props, sets, backstage organization, performance day ushering and audience services and helping with special events and providing transportation to special events that the students perform in such as; Parades, fund raising events, special performances in schools and public spaces.

A major key to the success of the KTA program also depends on the commitment and support from parents, relatives or guardians of the students.

**2018-2019
KLEIN THEATRE ARTS
SPRING '19 SEMESTER REGISTRATION FORM
AND RELEASE AND INDEMNITY AGREEMENT**

**(Please Print as Clearly as Possible)
One Child per Form**

I, _____ (Print Parent/Guardian's Full Name) am the
parent/legal guardian of _____ (Print Child's Full Name)

By signing this Registration Form and Release and Indemnity Agreement (the "Agreement") I am registering my child to attend Klein Theatre Arts that is to be conducted by The Klein Memorial Auditorium Foundation. I agree to the Terms and Conditions of Registration and Enrollment:

Signature of Parent/Legal Guardian

Date

This registration is for my child to attend:

- 2019 Spring Semester of ASK (Monday – Wednesday) AND/OR**
- 2019 Klein Dance Company (Monday and Wednesday)**
- 2019 Stage Craft Course (Thursday) (high school students only)**

PLEASE COMPLETE THE FOLLOWING INFORMATION:

(Please Print)

Child's First Name: _____

Child's Last Name: _____

Sex: Male Female

School _____

Child's Birthdate and Year: _____ . Grade _____ .

Note: Sign or initial and date each page at bottom where indicated

Parent/Guardian(s) Names:

Mother/Guardian's First _____

Mother/Guardian's Last _____

Father/Guardian's First _____

Father/Guardian's Last _____

Parent(s) Mailing Address:

Street: _____

City/State/Zip _____

Telephone Numbers:

Mother/Guardian's

Home _____ preferred contact #

Work _____ preferred contact #

Cell _____ preferred contact #

Email Address: _____

Father/Guardian's

Home _____ preferred contact #

Work _____ preferred contact #

Cell _____ preferred contact #

Email Address: _____

In consideration of my child (identified above in this Agreement) being permitted to attend Klein Theatre Arts that is to be conducted by The Klein Memorial Auditorium Foundation, on behalf of myself, my child, and all family members of either of us, I hereby agree as follows:

1. My child is responsible for his/her behavior while attending KTA. If my child engages in disruptive, abusive or otherwise unacceptable behavior, as determined in the sole discretion of the Executive Director, Laurence Caso, of The Klein Memorial Auditorium Foundation, my child may be dismissed from KTA.
2. I acknowledge that my child will not be permitted to attend KTA unless I submit, prior to the start of the semester of KTA that is to be attended by my child, all completed and signed registration forms, including a properly completed medical form signed by my child's physician confirming that my child is in good health and has no physical or mental condition that would present any risk to my child or others as a result of his/her participation in KTA. I represent to The Klein Memorial Auditorium Foundation that I am not aware of any physical or mental condition of my child that would present any risk to my child or others as a result of his/her participation in KTA.
3. I acknowledge and agree I am responsible for any and all charges for medical treatment that may be provided to my child for any injuries that may be suffered due to his/her preparation for, participation in, or attendance at any activities or events in any way relating to the Klein Theatre Arts program.
4. I acknowledge and agree that I am responsible for payment for any and all property damage that may be caused by my child due to his/her preparation for, participation in, or attendance at any activities or events in any way relating to KTA.
5. I hereby authorize the staff or faculty of KTA, The Klein Memorial Auditorium Foundation, or others on their behalf, to photograph, broadcast, videotape, or otherwise record visually or by sound my child's preparation for, participation in, or attendance at any activities or events in any way relating to KTA.

I further authorize The Klein Memorial Auditorium Foundation to use any such photographs, broadcasts, videotapes or other recordings for promotional or commercial purposes without my prior review and without compensation or payment of any kind, and agree that all such photographs, broadcasts, videotapes or other recordings of my child's preparation for, participation in, or attendance at any activities or events in any way relating to KTA are the sole and exclusive property of The Klein Memorial Auditorium Foundation.

6. This Agreement constitutes the entire agreement of the parties concerning its subject matter and shall supersede the terms of any other prior or contemporaneous agreement, representation or understanding (whether oral or written) between the parties concerning the subject matter of this Agreement. This Agreement cannot be changed or modified other than in writing signed by both me and the managing member of The Klein Memorial Auditorium Foundation.
7. I agree that Connecticut law (without regard to Connecticut's conflict of laws provisions) shall govern all our respective rights and obligations under this Agreement. I also acknowledge that it is the intent of the parties that this Agreement be enforceable to the fullest extent permitted by Connecticut law. Accordingly, if any provision of this Agreement as presently written should be construed to be illegal, invalid or unenforceable, said illegal, invalid or unenforceable provision shall be deemed to be amended and construed to have the broadest scope permissible (the parties intending and agreeing that any provision of this Agreement may be reformed to have the broadest scope permitted by applicable law), and if no validating amendment or construction is possible, shall be severable from the rest of this Agreement, and the validity, legality, and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby.
8. I acknowledge and agree that my child's participation in KTA involves physical activities which can be dangerous and which can possibly result in personal injuries, death or property damage. On behalf of myself, my child, and all family members of either of us, I hereby voluntarily RELEASE AND FOREVER DISCHARGE The Klein Memorial Auditorium Foundation and its officers, directors, employees, members and agents, and all members of the staff and faculty of KTA (collectively, the "Releasees"), from any and all past, present or future liability, controversies, suits, actions, causes of action, damages, claims or demands of any nature whatsoever, whether in law or in equity or under any federal, state or local law or other statute, regulation or ordinance, arising out of or in any way relating to my child's preparation for, participation in, or attendance at any activities or events in any way relating to ASK, whether caused by or resulting from the Releasees' own negligence or fault or otherwise. On behalf of myself, my child, and all family members of either of us, I specifically acknowledge and agree that the discharge and release set forth in this paragraph includes, but is not limited to, a full and complete discharge and release of the Releasees from any and all liability for any and all harm, losses, personal injuries, death, property damage, and claims of any nature whatsoever arising out of or in any way relating to my child's preparation for, participation in, or attendance at any activities or events in any way relating to ASK, whether caused by or resulting from the Releasees' own negligence or fault or otherwise.

9. On behalf of myself, my child, and all family members of either of us, I hereby voluntarily agree to INDEMNIFY AND HOLD THE RELEASEES HARMLESS from and against any and all claims, lawsuits, causes of action, damages, losses, costs or expenses of any nature whatsoever (including attorneys' fees and other defense costs, which I will pay or reimburse the Releasees upon demand), whether foreseen or unforeseen, present or future, known or unknown, arising out of or in any way relating to my child's preparation for, participation in, or attendance at any activities or events in any way relating to ASK, and whether caused by or resulting from the Releasees' own negligence or fault or otherwise.

I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT, AND HEREBY VOLUNTARILY REGISTER MY CHILD FOR PARTICIPATION IN ASK IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS AGREEMENT.

PLEASE NOTE: REGISTRATION MUST BE RETURNED SIGNED AND INITIALED WHERE INDICATED AND WITHOUT ANY CORRECTIONS OR CHANGES. REGISTRATIONS WILL NOT BE ACCEPTED WITH ANY CHANGES.

Signature _____ **Date** _____

2018-19
EMERGENCY CONTACT INFORMATION

Child's First & Last Name: _____

Mother/Guardian's First & Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father/Guardian's First & Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Additional phone number of a friend or relative in case we are unable to reach a parent:

First Name _____

Last Name _____

Relation _____

Telephone Number _____

Address _____

In the event of an emergency that would require my child to be taken to the hospital by ambulance I would like my child to be transported to

Bridgeport Hospital _____

St' Vincent's Hospital _____

Initial _____ **Date** _____

**2018-19 HEALTH EXAM/RECORD
FOR ATTENDEES AND STAFF**

MANDATORY

***** To Be Completed By Parent/Guardian *****

***** WE DO NOT KEEP PAST FORMS ON FILE *****

Child has the following conditions: *(please list any and all conditions that we should be aware of, such as diabetes, ADHD, autism, etc.) whether or not they are currently receiving treatment .This information will be held in confidence. But helps us to make your child comfortable.*

Child has no conditions we should be made aware of **Initial:** _____

MEDICATIONS/PRESCRIPTION: Children attending KTA must administer their own prescription medication. No employee of The Klein Memorial Auditorium Foundation or ASK is allowed to dispense any prescription medicine.

NON-PRESCRIPTION I authorize the health care supervisor or designated First Aider to administer these non-prescription medications in brand or generic form if necessary for camper's comfort:

- | | |
|---|---|
| <input type="checkbox"/> Acetaminophen (Such as Tylenol) | <input type="checkbox"/> Throat Gargles or Lozenges (Such as Halls) |
| <input type="checkbox"/> Ibuprofen (Such as Advil) | <input type="checkbox"/> Skin Creams (Such as Hydrocortisone) |
| <input type="checkbox"/> Antihistamine (Such as Benadryl) | <input type="checkbox"/> Skin Lotions (Such as Calamine) |

YOU HAVE MY PERMISSION TO ADMINISTER PRESCRIPTION OR NON-PRESCRIPTION MEDICATION TO MY CHILD IF NEEDED.

YOU DO NOT HAVE MY PERMISSION TO ADMINISTER PRESCRIPTION OR NON-PRESCRIPTION MEDICATION TO MY CHILD IF NEEDED.

PRINT CHILD'S FIRST & LAST NAME _____

PARENT/GUARDIAN SIGNATURE _____

PRINT NAME _____

DATE _____

2018-19 HEALTH EXAM/RECORD FOR ATTENDEES AND STAFF

*Physical Exams are Valid for 3 Years
From Date of Last Examination*

***** WE DO NOT KEEP PAST FORMS ON FILE *****

State of Connecticut - Department of Public Health
Division Community Based Regulation
1-800-282-6063 (860) 509-8045

***** To Be Completed By Parent/Guardian *****

First & Last Name: _____ Date of Birth: _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Phone _____

Attending Session # _____

***** To Be Completed & Signed By Medical Practitioner *****

FORM MUST BE SIGNED BY CHILD'S PHYSICIAN

Date: _____

_____ May participate in all Klein Theatre Arts activities

_____ May participate except for _____

Medical information pertinent to routine care and emergencies _____

Is this individual taking prescription medication? Yes No

If yes, please indicate the name of the prescription _____

Does the individual have allergies? Yes No

_____ EpiPen treatment required?

If yes, please explain _____

Is the individual on a special diet? Yes No

If yes, please explain _____

Any conditions we should be made aware of (diabetes, ADHD, OCD, learning disabilities (please explain), Autism, etc.):

The camper/staff is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No	Date(s)
Measles			
Mumps			
Rubella			
Chickenpox			
Tetanus			

PRINT NAME OF MEDICAL CARE PROVIDER _____

MEDICAL CARE PROVIDER'S ADDRESS _____

MEDICAL CARE PROVIDER'S CITY/TOWN/ZIP CODE _____

Signature of Physician, APRN or PA

Telephone Number

Date Form Signed