



May 28, 2019

Klein Theatre Arts Opens Summer Registration

Dear Parents,

The Klein is now conducting registration for students interested in participating in a 4-week summer arts education program that will take place at The Klein Memorial Auditorium from July 15th through August 9th. Bridgeport students completing grades 7 through 12 are invited to attend. Classes are tuition free and free lunches will be provided for those enrolled in the Acting, Personal Development and Film & Video Production courses.

Classes are held Mondays through Thursdays (9 am to 3 pm), with three different courses taught:

- 1) **Acting**---Basic character and script analysis; improvisation, oral interpretation, scene writing. Spaces are limited for the summer courses, and perfect attendance is mandatory.
- 2) **Personal Development:** All students will be required to take a personal development class. The purpose of this class is to provide students with life skills education, including; employment skills, restorative circles, conflict resolution, hygiene education, and relationship building skills. The objective of the Personal Development course is to provide students with skills to complete a job application and resume.
- 3) **Film & Video Production**---Students enrolled in the film classes will receive techniques in cinematography, film directing, editing, acting, and introduction to camera.

Learning objectives of the Film discipline:

Acquire basic knowledge and appreciation of the history of film and television.

Begin learning the necessary skills to develop their own film pieces, such as; editing, cinematography, lighting, storyboarding, acting on camera, and directing.

Begin learning audition technique.

In addition:

- 4) **Klein Dance Company meets Mondays and Wednesdays from 3-5 pm.**---Students learn various genres of dance and will perform in all 4 Bridgeport summer parades, as well as Bridgeport Arts Festival, West Indian American Association Jerk Fest (8/17) and Weiner Music and Dance Festival (8/18) and others.

Applications for enrollment are available at 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.

KLEIN THEATRE ARTS SUMMER WORKSHOP

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

1) Acting, Personal Development and Film & Video Production:

Week 1: Monday through Thursday 9am to 3 pm (July 15-18)

Week 2: Monday through Thursday 9 am to 3 pm (July 22-25)

Week 3: Monday through Thursday 9 am to 3 pm (July 29-Aug. 2)

Week 4: Monday through Thursday 9 am to 3 pm (Aug. 5-8)

A special showcase will be held on the evening of August 8 from 6:30 to 8:30 pm

2) KLEIN DANCE COMPANY: Monday & Wednesday 3 - 5 pm

Week 1 – Monday & Wednesday (July 15 & 17)

Week 2 – Monday & Wednesday (July 22 & 24)

Week 3 – Monday & Wednesday (July 29 & 31)

Week 4 – Monday & Wednesday (August 5 & 7)

KDC will also perform in the showcase on August 8th

The Klein Memorial
910 Fairfield Ave
Bridgeport, CT 06605
Attention: Brenda Fleming
(800) 424-0160 Ext. 3
info@theklein.org

Acceptance Process

Application Deadline: June 28, 2019

Please confirm by:

Email: info@theklein.org or

Phone: 800-424-0160 x 3

Information required:

Name, Address, School and Grade

Enrollment is limited. ACT NOW to reserve your spot!

ALL FORMS (7 pages) ARE TO BE SUBMITTED IN ADVANCE of the 2019 Summer 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 even if your child has attended this workshop before.

You can also use the form that is used for school registration.

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

If you have any questions or need additional information please contact:

Registration forms are to be mailed to the attention to:

**Brenda Fleming / KTA Administrator
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.**

2019 SUMMER SEMESTER

KLEIN THEATRE ARTS

Klein Theatre Arts (KTA) is offered to all Bridgeport students entering grades 7 through 12. It 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 they can all be proud to stage at the end of each semester. **KLEIN SUMMER THEATRE ARTS** is taught by theatre and education professionals, including: Actors Tenisi Davis and Kate Sparer; school administrator LaToya Davis, and dancer/choreographer Jennifer Subtil-Turner.

Information for Parents and Guardians

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.

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 us updated with up to date contact information. (Phone, Email, text, work phone, etc.)

This is a full commitment of you and your child to the Klein Theatre Arts program.

Each student is key to the success of the learning process throughout the semester. The staff and the cast work very closely with each other. Each cast member must be at every class. 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.

KLEIN THEATRE ARTS SUMMER '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 the 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: (check all boxes that apply)

2019 Summer Semester Acting, Personal Development and Film & Video Production Courses (Monday through Thursdays 9 am to 3 pm)

2019 Summer Klein Dance Company (Mon. and Wed. 3 to 5 pm)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

(Please Print)

Child's First Name: _____

Child's Last Name: _____

Sex: Male Female

School _____

Child's Birth date: _____. Entering Grade as of Sept. '19 _____.

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 _____

Parent/Guardian contact information:

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 the ASK 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 Klein Theatre Arts. 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, 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.
3. 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.
4. I acknowledge and agree that I am responsible for any and all charges for medical treatment that may be provided to my child for any injuries suffered due to his/her preparation for, participation in, or attendance at any activities or events in any way relating to the After School at the Klein program.
5. 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 ASK.
6. 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.

7. 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.
8. 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.
9. 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.
10. 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 ASK (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 KTA, 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 Releasee's 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.

11. 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** _____

2019
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:

TRANSPORTATION:

Parents and students are expected to provide their own transportation to and from classes. Students may walk to and from The Klein, provided the parent gives permission by signing below:

I give my child _____ permission to walk to and from The Klein while attending the summer session of Klein Theatre Arts.

Please list up to three names of adults who you authorize to pick up your child after class, in the case of an emergency. I hereby authorize the following individuals:

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

***** 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 Klein Theatre Arts must administer their own prescription medication. No employee of The Klein Memorial Auditorium Foundation or KTA 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 Summer KTA 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