



— THE —  
**KLEIN**  
— MEMORIAL AUDITORIUM —  
910 Fairfield Avenue  
Bridgeport, CT 06605

## Registration for Klein Theatre Arts Spring '20 Semester

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 7 through 12 who are Bridgeport residents. Classes start on January 27, 2020 and end with the semester-ending concert on Friday, March 27th.

**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). KDC performs in festivals and parades, and members are expected to participate.

**Technical Production** is a course that teaches basics of stage lighting and sound production. Our instructor is a stagehand member of the IATSE union. The course is taught on Thursdays of the spring semester.

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 early enrollment to the Spring '20 semester of KTA. For more information contact the Klein box office and online at our website: [www.theklein.org](http://www.theklein.org). If you have questions, please contact us by phone at 800-424-0160 extension 3. Many thanks!

## **KLEIN THEATRE ARTS 2020 SPRING SEMESTER SCHEDULE**

**Acting, Singing & Dance: 3:00pm – 6:00pm**

**Week 1 - Monday, Tuesday & Wednesday (JAN 27, 28 & 29)**  
**Week 2 - Monday, Tuesday & Wednesday (FEB 3, 4 & 5)**  
**Week 3 - Monday, Tuesday & Wednesday (FEB 10, 11 & 12)**  
**Week 4 - Wednesday (FEB 19) \*\*winter break**  
**Week 5 - Monday, Tuesday & Wednesday (FEB 24, 25 & 26)**  
**Week 6 - Monday, Tuesday & Wednesday (MAR 2, 3, & 4)**  
**Week 7 - Monday, Tuesday & Wednesday (MAR 9, 10 & 11)**  
**Week 8 - Monday, Tuesday & Wednesday (MAR 16, 17, & 18)**  
**Week 9 - Monday through Thursday (MAR 23, 24, 25 & 26)**

***KLEIN DANCE COMPANY MEETS MON. & WED.***

**CONCERT PERFORMANCE Friday, March 27, 2020  
SHOW TIME: 7:00 P.M.**

**Technical Production:**

**Week 1 – Thursday January 23**  
**Week 2 – January 30**  
**Week 3 – February 13**  
**Week 4 – February 20**  
**Week 5 – March 5**  
**Week 6 – March 19**

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

PLEASE KEEP THIS PAGE FOR YOUR RECORDS  
**Acceptance Process**

**Application Deadline for Students:  
Friday, January 10, 2020**

Please confirm by:  
Email: ask@theklein.org or  
Phone: 800-424-0160 x 3  
Information required:  
Name, Address, School and Grade

All parents/guardians and students of the 2020 KTA Spring Semester will be required to attend a short orientation on the first week of the semester. You can choose from one of the following nights to meet with the staff:

MONDAY, January 27 at 6:00pm  
TUESDAY, January 28 at 6:00pm  
WEDNESDAY, January 29 at 6:00pm

Attendance at parents meeting is mandatory. Your child will not be accepted into the program if you do not attend the parent meeting.

**Enrollment is limited. ACT NOW to reserve your spot!**

**ALL FORMS (7 pages) ARE TO BE SUBMITTED IN ADVANCE of the 2020 Spring semester.** A mandatory 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 either your child's physician or a school nurse and must contain the information we have requested. Please note – if your child was enrolled in the KTA Fall semester, we will accept the prior form, but you are required to provide any updated information. 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:**

**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.**

## **KLEIN THEATRE ARTS: 2020 Spring Semester**

**Klein Theatre Arts** is offered to all Bridgeport students from grades 7 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-confidence, esteem 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: LIGHTING AND AUDIO BASICS** taught one day per week by a member of the professional stagehands union, I.A.T.S.E.

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

### **THE ASK PROGRAM REQUIREMENTS:**

- MUST BE AT EVERY REHEARSAL
- NO OTHER PROGRAM WILL TAKE PRIORITY
- THE WORKSHOP ENDS AT 6:00 AND YOUR CHILD WILL **NOT** BE DISMISSED EARLY UNLESS OF AN EMERGENCY
- 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
- IF SICK OR LATE YOU MUST CALL OR TEXT
- 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 CURRENT CONTACT INFORMATION (PHONE, EMAIL, TEXT, WORK PHONE, ETC.) AND ANY HEALTH ISSUES FOR YOUR CHILD THAT MAY ARISE DURING THE COURSE OF THE SEMESTER.

### **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.**

# KLEIN THEATRE ARTS SPRING '20 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:

- 2020 Spring Semester of ASK (Monday – Wednesday) AND/OR
- 2020 Klein Dance Company (Monday and Wednesday)
- 2020 Technical Production course (Thursdays)

### 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** \_\_\_\_\_

**2019-20**  
**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** \_\_\_\_\_

**2020 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 \_\_\_\_\_

## 2020 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