



September 7, 2021

Klein Theatre Arts Registration for Fall 2021

Dear Parents and Students,

We're pleased to announce that Klein Theatre Arts will hold our traditional fall and spring semesters again this year. During this uncertain time, we're prepared to teach courses by dividing students into small groups that practice social distancing at all times. The fall semester will run for nine weeks, ending on Thursday November 18.

Registration is open to Bridgeport students entering grades 7 through 12.

DATES: Monday, September 20th to Thursday, November 18th

ATTENDANCE IS MANDATORY.
ENROLLMENT IS LIMITED.

Courses taught are:

ASK (After School at the Klein):
Singing/Acting/Dance/Video Production
Monday thru Wednesday 3 - 6 pm

Klein Dance Company (KDC)
Monday and Wednesday 6 - 6:45 pm

Technical Production
Thursdays 3 - 6 pm (High school students only.)
Course will teach stage rigging, lighting and audio.

Please fill out and return this form by **Wednesday September 15th.**

Applications for enrollment are available:

Online at our website:

www.theklein.org.

or

The Klein Box Office - 910 Fairfield Ave

If you have questions, please contact us by phone at:
800-424-0160 extension 3.

or

475-312-0091

Brenda Fleming
KTA Administrator

KTA PROGRAM INFORMATION & SAFETY GUIDELINES

1. **Attendance is Mandatory. No unexcused absences.**
2. Arrival Time: 3:00 pm at the stage door at the rear entrance of the building.
3. Students are **REQUIRED** to bring their **OWN FACEMASKS** and worn at all times.
4. Anyone with a temperature **above 98.7** will not be allowed to enter the theater and you will be called to pick your child up immediately.
5. If your child is not feeling well, please keep them home and notify the staff.
6. 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.
7. Your child will **not** be dismissed early unless there's an emergency or prior notice from a parent/guardian.
8. Students need to bring their own water bottles. The water fountains are closed off.
9. Parents need to keep us updated with up to date with all contact information. (phone, email etc.)
10. We ask that you make doctor/dentist etc. appointments on a Thursday or Friday.

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.

In recent years KTA students have sung with the Greater Bridgeport Symphony, and Klein Dance Company has given 54 public performances since its founding in August 2016.

Students that complete the technical production course may be eligible to enter our paid internship program, where they are paid to work alongside union stagehands at Klein events.

This is a full commitment of You and Your Child to
the Klein Theatre Arts Program.

ATTENDANCE IS MANDATORY

Each child has to be at all rehearsals in order to participate in the performance.

Should you have any questions or concerns please contact:

Brenda Fleming 475-312-0091

KTA Administrator

KLEIN THEATRE ARTS FALL 2021 SEMESTER SCHEDULE

KLEIN ASK: ACTING, SINGING & DANCE: 3:00PM – 6:00PM

Week 1 – Monday, Tuesday & Wednesday (SEPT 20, 21, 22)

Week 2 – Monday, Tuesday & Wednesday (SEPT 27, 28 & 29)

Week 3 – Monday, Tuesday & Wednesday (OCT 4, 5 & 6)

Week 4 – Tuesday & Wednesday (OCT 12 & 13)

Week 5 – Monday, Tuesday & Wednesday (OCT 18, 19, & 20)

Week 6 – Monday, Tuesday & Wednesday (OCT 25, 26 & 27)

Week 7 – Monday, Tuesday & Wednesday (NOV 1, 2 & 3)

Week 8 – Monday through Wednesday (NOV 8, 9, 10)

Week 9 - Monday through Thursday (NOV 15, 16, 17, & 18)

KLEIN DANCE COMPANY: MONDAY & WEDNESDAY 6:00 - 6:45 PM

KTA CONCERT PERFORMANCE

Thursday, November 18, 2021

SHOW TIME: 7:00 PM

The concert will also be available for viewing on live-stream

TECHNICAL PRODUCTION CLASS SCHEDULE – THURSDAYS:

WEEK 1 – SEPTEMBER 23

WEEK 2 – SEPTEMBER 30

WEEK 3 – OCTOBER 7

WEEK 4 – OCTOBER 14

WEEK 5 – OCTOBER 21

WEEK 6 – OCTOBER 28

WEEK 7 – NOVEMBER 4

WEEK 8 – NOVEMBER 11

WEEK 9 – **CONCERT ON NOVEMBER 18TH**

**KLEIN THEATRE ARTS
FALL 2021 SEMESTER REGISTRATION FORM
AND RELEASE AND INDEMNITY AGREEMENT**

Please Print as Clearly - 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:

- 2021 Fall Semester of ASK (Monday – Wednesday) AND/OR**
- 2021 Klein Dance Company (Monday and Wednesday)**
- 2021 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 Birth date: _____.

Entering Grade as of Sept. '21 _____ .

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

STUDENTS NAME: _____

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. Applicant releases the Klein Memorial Auditorium Foundation, and the staff & employees of the Klein Memorial Auditorium Foundation and the Klein Theater Arts Programs from any and all claims arising out of, exposure to, contracting of, expenses relating to, infectious diseases, including but not limited to the Novel Coronavirus (COVID-19). The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization, is extremely contagious and is believed to spread mainly from person-to-person contact. COVID-19 may result in serious illness or death. As a result, to reduce the spread of COVID-19, the United States Centers for Disease Control and Prevention and the Connecticut Department of Public Health recommend implementation of community mitigation strategies to increase containment of the virus and to slow transmission of the virus. The Klein Memorial Auditorium Foundation has adopted preventative measures in accordance with those guidelines to reduce the spread of COVID-19; however, the Klein Memorial Auditorium Foundation cannot guarantee that my child will not be exposed to or become infected with COVID-19 during my child's participation in or attendance at the Klein Memorial Auditorium Foundation Theatre Arts programs
11. 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 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.

12. 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 KTA, 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** _____

2021 KTA
EMERGENCY CONTACT INFORMATION

Child's First & Last Name: _____

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: _____

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

_____	_____	_____
NAME	PHONE NUMBER	RELATIONSHIP

_____	_____	_____
NAME	PHONE NUMBER	RELATIONSHIP

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 fall session of Klein Theatre Arts.

_____	_____	_____
NAME	PHONE NUMBER	RELATIONSHIP

STUDENT CONSIDERATIONS/CONDITIONS

Please list any and all considerations or conditions that educators should be aware of, such as diabetes, ADHD, autism, allergies, etc. whether or not the student is currently receiving treatment. This information will be held in confidence and can be helpful for educators and staff to ensure the comfort of the student:

#1 _____

#2 _____

#3 _____

#4 _____

Additional Notes: _____

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

PRINT CHILD'S FIRST & LAST NAME _____

PARENT/GUARDIAN SIGNATURE _____

PRINT NAME _____

DATE _____

2021-22 HEALTH EXAM/RECORD
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 Fall 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**