



March 22, 2021

Klein Theatre Arts Opens Summer Registration

Dear Parents and Students,

The Klein is now accepting registration for our **Tuition-Free** Theatre Arts Summer program. It will run for 6 consecutive weeks. At the end of the 6 weeks there will be a public performance August 27th on the main stage of the Klein at 7:00 pm.

DATES: Monday, July 19th to Friday, August 27th

TIMES: 9:00 am to 12:00 p.m. - Monday through Friday.

Bridgeport students entering grades 7 through 12 are invited to attend.

JULY 19th – JULY 30TH

WEST AFRICAN DRUMMING AND DANCE (INSTRUCTOR TENISI DAVIS)

This course is taught the first 2 weeks only July 19th – July 30TH

AUGUST 2 – AUGUST 27TH

FILM & VIDEO PRODUCTION & ACTING FOR THE CAMERA (INSTRUCTOR TENISI DAVIS)

Acquire basic knowledge and appreciation of the history of film and television.
Develop their own video pieces in documentary and narrative style
Editing, cinematography, lighting, storyboarding, acting on camera, and directing.
Film audition technique. Course is taught for 4 weeks starting August 2nd.

SINGING, ACTING, VOICE & PUBLIC SPEAKING (INSTRUCTORS MAUREEN HAMILL & DAVID HARRIS)

Singing and voice techniques, Acting techniques Monologues, The Art of Debate
How to Job Interview, Public Speaking and Speech Writing.
Taught for two weeks starting August 16th - August 27th

DANCE : AUGUST 2ND – AUGUST 27TH

Students learn various genres of dance and body movement.

APPLICATION DEADLINE: JULY 2, 2021

Enrollment is limited. ACT NOW to reserve your spot!



2021 KTA SUMMER REGISTRATION FORMS

Applications for enrollment are available at:

The Klein Box Office

online at our website:

www.theklein.org.

**THE REGISTRATION FORM (6 pages) ARE TO BE SUBMITTED
IN ADVANCE of the 2021 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.

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

REGISTRATION FORMS ARE TO BE MAILED TO THE ATTENTION TO:

**Brenda Fleming / KTA Administrator
The Klein
910 Fairfield Ave
Bridgeport, CT 06605**

If you have questions, please contact us by phone at:

**800-424-0160 extension 3.
Or the Box Office extension 2**

APPLICATION DEADLINE: JULY 2, 2021 !!

2021 KLEIN THEATRE ARTS SUMMER SEMESTER

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, Under the guidance of the Klein's Director of Education Maureen Hamill

KTA RULES & SAFETY GUIDELINES

1. **ATTENDANCE IS MANDATORY.**

Please do not schedule vacations or day trips during the 6 -week semester.
July 19th - August 27th

2. **Dress Code:** All Students are required to wear tied shoes or sneakers (NO SANDALS) as they participate in dance sessions daily. Also No skirts are allowed.

3. **Arrival Time:** 8:45 a.m. at the stage door located at the rear entrance of the building. Parents and drivers are requested to stay in their cars while a staff member takes each student's temperature. Anyone with a temperature **above 98.7** will not be allowed to enter the theater and will need to return home. If a student is not feeling well, please stay home and notify the staff.

4. **Students are REQUIRED to bring their OWN FACEMASKS** to be worn at all times. and obey the health and safety protocols.
(Exceptions are permitted if wearing a mask would be contrary to a student's health because of a medical condition. If such a condition exists, please note that on the registration form and tell a staff member)

5. Students are Required to bring a **Water Bottle** - all water fountains are closed off.

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. **Please schedule all doctor appointments after 12 noon.**

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

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.

Every 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.

The building will be sanitized every 24 hours to ensure safety.

**KLEIN THEATRE ARTS
SUMMER 2021 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

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Child's First Name: _____

Child's Last Name: _____

Sex: Male Female

School _____

Child's Birth date: _____ . Entering Grade as of Sept. '20 _____ .

This registration is for my child to attend: **2021 Klein Theatre Arts Summer Program**
*Please check **each** session chosen.*

Session 1: Monday, July 19th – Friday, July 30th

Session 2: Monday, August 2nd – Friday, August 27th

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: _____

Parent /Guardian's Mailing Address:

Street: _____

City/State/Zip _____

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

Child's Full 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. 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. 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** has adopted preventative measures in accordance with those guidelines to reduce the spread of COVID-19; however, **the Klein Memorial Auditorium 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 Theatre Arts Summer program**

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 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 _____

2021
EMERGENCY CONTACT INFORMATION

Child's First & Last Name: _____

Mother/Guardian's First & Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parent(s) Mailing Address:

Street: _____

City/State/Zip _____

Father/Guardian's First & Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parent(s) Mailing Address:

Street: _____

City/State/Zip _____

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:

1. _____

2. _____

3. _____

2021-22
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 _____

If your student has a medical condition that restricts his/her use of a face mask, please provide an explanation here: _____

2021-22 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\