



— THE —  
**KLEIN**

— MEMORIAL AUDITORIUM —  
910 Fairfield Avenue  
Bridgeport, CT 06605

September 13, 2022

## Klein Theatre Arts Registration for Fall 2022

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 continue to practice social distancing. The fall semester will run for nine weeks starting TUESDAY, September 27<sup>TH</sup> and ending on FRIDAY, DECEMBER 2<sup>ND</sup>. **Registration is open to Bridgeport students entering grades 6 through 12.**

**DATES:** Tuesday, September 27<sup>th</sup> to Friday, December 2<sup>nd</sup>

**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 set construction, stage rigging, lighting and audio.

**Maureen Hamill: Director of Education**

Please fill out and return this form by Wednesday September 21st.  
Applications for enrollment are also available at the Klein Box Office – 910 Fairfield Ave  
or 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

or

475-312-0091

Brenda Fleming  
KTA Administrator

**KLEIN THEATRE ARTS**  
***SAFETY GUIDELINES***

1. Attendance is Mandatory.
2. Arrival Time: 3:00 pm at the stage door located at the rear entrance of the building.
3. We will follow all CDC guidelines for COVID 19 as information becomes available.
4. If your child is not feeling well, please keep him/her home and notify Brenda Fleming.
5. Students are encouraged to bring their own water bottle.
6. Students cannot leave the building 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 is received from the parent/guardian.
8. NO VISITORS WILL BE ALLOWED IN THE BUILDING AT ANY TIME.
9. Parents, in the event your contact information changes please let us know ASAP. (*thank you*)
10. We are asking that you make your doctor/dentist appointments on Thursday or Friday while we are in session. (*thank you*)

Inspiring and educating students in the performing arts is our mission.

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 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 62 public performances since its founding in August 2016. Graduates of 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. 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.

The Klein Memorial  
910 Fairfield Ave  
Bridgeport, CT 06605

**Application Deadline: September 21, 2022**

Please confirm by:  
Email: [info@theklein.org](mailto:info@theklein.org) or  
Phone: 800-424-0160 x 3  
Attention: Brenda Fleming, KTA Administrator

# **KLEIN THEATRE ARTS FALL 2022 SEMESTER SCHEDULE**

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

Week 1 – Tuesday & Wednesday (SEPT 27 & SEPT 28 )

Week 2 – Monday, Tuesday & Wednesday (OCT 3, 4 & 5)

Week 3 – Tuesday & Wednesday (OCT 11 & 12)

Week 4 – Monday, Tuesday & Wednesday (OCT 17, 18, & 19)

Week 5 – Monday, Tuesday & Wednesday (OCT 24, 25 & 26)

Week 6 – Monday, Tuesday & Wednesday (OCT 31, NOV 1 & 2)

Week 7 – Monday through Wednesday (NOV 7, 8, 9)

Week 8 – Monday Tuesday & Wednesday (NOV 14, 15, & 16)

## **No classes Thanksgiving week NOV 21-25**

WEEK 9 - MONDAY THROUGH FRIDAY (NOV 28<sup>th</sup>,29<sup>th</sup>,30<sup>th</sup>, DEC 1 & 2)

***KLEIN DANCE COMPANY MEETS MON. & WED.  
6:00 - 6:45 PM***

**CONCERT PERFORMANCE Friday, December 2, 2022  
SHOW TIME: 7:00 PM**

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

### **Technical Production:**

**WEEK 1 – SEPTEMBER 22**

**WEEK 2 – SEPTEMBER 29**

**WEEK 3 – OCTOBER 6**

**WEEK 4 – OCTOBER 13**

**WEEK 5 – OCTOBER 20**

**WEEK 6 – OCTOBER 27**

**WEEK 7 – NOVEMBER 3**

**WEEK 8 – NOVEMBER 10**

**WEEK 9 – NOVEMBER 17**

**910 Fairfield Ave Bridgeport, CT 06605  
info@theklein.org**

# KLEIN THEATRE ARTS FALL '22 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:

- 2022 Fall Semester of ASK (Monday – Wednesday) AND/OR**
- 2022 Klein Dance Company (Monday and Wednesday)**
- 2022 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 \_\_\_\_\_ City \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ . Entering Grade as of Sept. '22 \_\_\_\_\_ .

**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 \_\_\_\_\_

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

\_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION:**

Mother/Guardian's Name \_\_\_\_\_

Home # \_\_\_\_\_  preferred contact #

Work # \_\_\_\_\_  preferred contact #

Cell # \_\_\_\_\_  preferred contact #

Email Address: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Home # \_\_\_\_\_  preferred contact #

Work # \_\_\_\_\_  preferred contact #

Cell # \_\_\_\_\_  preferred contact #

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

\_\_\_\_\_  
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.

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:

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

**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.

**Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

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.**

**Initial \_\_\_\_\_ Date \_\_\_\_\_**

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**HEALTH EXAM/RECORD  
FOR ATTENDEES AND STAFF**

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

**\*\*\* ONLY STUDENTS WHO WERE ENROLLED IN THE SUMMER '22 SEMESTER DO NOT  
NEED AN ADDITIONAL FORM**

**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. Please note it will help us 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:** \_\_\_\_\_

\_\_\_\_\_



# 2022-23 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 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**