



2026 KTA SUMMER APPLICATION FORMS

Applications for enrollment are available at:

The Klein Box Office

**THE REGISTRATION FORM IS TO BE SUBMITTED
IN ADVANCE of the 2026 Summer Semester.**

The summer semester will run from July 20th through August 22nd from 9:00 AM – 12:00 PM. On the evenings of August 21 and 22 the students will perform “Lion King, Jr.” Auditions will be held on Tuesday July 14th and Wednesday July 15th from 9am to noon. WE WILL NOT ACCEPT ANY APPLICATIONS ONCE WE START AUDITIONS.

A medical form is included in this packet, 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 program before.**

**All applications should be returned on or before
July 2, 2026 with the signed medical form from the
doctor.**

REGISTRATION FORMS ARE TO BE MAILED TO THE ATTENTION TO:

**Brenda Fleming/KTA Administrator
Klein Memorial Auditorium
910 Fairfield Ave
Bridgeport, CT 06605
kta@theklein.org**

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

→ PLEASE KEEP THIS PAGE FOR YOUR RECORDS

2026 KLEIN THEATRE ARTS SUMMER SEMESTER

Klein Theatre Arts (KTA) is offered to all Bridgeport students.

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 and its being offered to participants grades 6 through 12.

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 and soon-to-be Executive Director Tenisi Davis.

KTA RULES & SAFETY GUIDELINES

1. ATTENDANCE IS MANDATORY.

Please do not schedule vacations or day trips during the 5-week semester.
July 20 - August 22nd.

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: 9:00 a.m. at the stage door located at the rear entrance of the building.

4. Students are Required to bring a Water Bottle.

5. 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.

6. Your child will *not* be dismissed early unless there's an emergency or prior notice from a parent /guardian. Please schedule all doctor/dental appointments in the afternoon so your son or daughter can be here for rehearsal.

7. 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.

This summer we are pleased to announce the students will give two performances of "Lion King, Jr."

No adults or family members will be allowed in the building during classes.

KLEIN THEATRE ARTS SUMMER 2026 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 Entering Grade as of Sept. '26 _____

School _____ City _____

Age: _____ Date of Birth: _____

This registration is for my child to attend: **2026 Klein Theatre Arts Summer Program**

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: _____

ADDRESS:

Street: _____

City/State/Zip _____

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 KTA.
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.

Signature _____ **Date** _____

Session 1 _____ **Initial**

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 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 KTA, whether caused by or resulting from the Releasees' own negligence or fault or otherwise.

11. The novel corona virus ("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 KTA 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 _____

Session 1 _____ Initial

2026
EMERGENCY CONTACT INFORMATION

Child's First & Last Name: _____

Mother/Guardian's First & Last Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Father/Guardian's First & Last Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address:

Street: _____

City & State _____

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

First & Last Name: _____ Relationship _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

First & Last Name: _____ Relationship _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

In the event of an emergency and your child has to be transported via ambulance, which hospital would you prefer. PLEASE CHECK BOX **St. Vincent's** **Bridgeport Hospital**

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: I do not give my child permission
to walk to and from The Klein while attending the summer session.

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. _____
Name Relationship
2. _____
Name Relationship
3. _____
Name Relationship

**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 child has a medical condition that we should know about, please provide an explanation here:

2026-27 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\