

Dear Parent or Guardian:

Registration is open for **Maureen Hamill's 2010 Summer Cabaret Workshop** at the:

**Fairfield Theatre Company
70 Sanford Street
Fairfield, CT**

This package contains all the registration forms you will need to complete your registration process.

Please read and send in your completed and signed registration forms with payment as early as possible to reserve your child's spot. Keep in mind, spaces fill very quickly. You may choose to make your payment online at **www.FairfieldTheatre.org**, however, the completed registration forms will still need to be mailed in or dropped off at our box office.

The dates for the **2010 Summer Cabaret Workshop sessions** are as follows:

Session 1 – Monday, July 5 - Friday, July 16
Session 2 – Monday, July 19 - Friday, July 30
Session 3 – Monday, August 2 – Friday, August 13

*Sessions are Monday through Friday, 9:00 AM to 3:00 PM.
Dismissal is at 12 Noon on the last day of each session*

Early Registration before May 24, 2010

for FTC Members - \$500.00
for non members - \$525.00

Late Registration on or after May 24, 2010

for FTC Members - \$550.00
for non members - \$575.00

Day Of Registration (1st day of session) (walk in or online)

for FTC Members - \$650.00
for non members - \$675.00

ALL FORMS (8 pages) ARE TO BE SUBMITTED IN ADVANCE OF EACH SESSION. 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. Medical forms are good for three years from the date of the exam.

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 Lisa at:

(203) 319-1404, ext. 307
or via email at: lisa@fairfieldtheatre.org

Registration forms are to be mailed to:

**Attn: Lisa Olson
The Fairfield Theatre Company
70 Sanford Street
Fairfield, CT 06824**

Note: Registration confirmations will not be sent unless requested. If requested, they will be sent via Email.

Fairfield Theatre Company Presents Maureen Hamill's Summer Cabaret Workshop

The Summer Cabaret Workshop at the Fairfield Theatre Company is a comprehensive, performance-oriented theatre program for children between the ages of 6 and 17 taught by theatre professionals under the direction of Maureen Hamill.

The emphasis of the program is on developing self-confidence and poise, while bringing out the best of your child's talents.

Our Summer Cabaret Workshop has a strong focus on song and dance with sessions in acting improvisational skills. Our theatrical performance camp develops stage presence and other aspects of theatre and nurtures the concept of teamwork as a cast to help participants work toward the common good.

The Summer Cabaret Workshop consists of three two-week long sessions. Children are welcome to join one, two, three or all sessions. No audition is required.

The two-week sessions run Monday through Friday from 9:00 a.m. until 3:00 p.m. Children are to be picked up promptly at 3:00 p.m. Each session culminates in a public cabaret performance (not a play) staged by the workshop participants on the last Friday of each session. **Students are dismissed on show day at 12 noon.**

No special footwear is required but students are **required** to wear tied shoes or sneakers (NO SANDALS) as they will participate in dance sessions daily.

For more information, contact Lisa at:

(203) 319-1404 ext. 307
lisa@fairfieldtheatre.org

Or on our web site:

www.fairfieldtheatre.org

for additional information and registration forms

Our goal in the Summer Cabaret Workshop is to help each young person develop poise and self confidence. We encourage and work with the kids to cultivate their talents and abilities but most importantly, we teach them the concept of teamwork. The kids work together as members of a cast and help each other to create a performance they can all be proud to stage.

MAUREEN HAMILL
Program Director

**2010 SUMMER CABARET WORKSHOP
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") and paying the agreed fee, I am registering my child to attend the Summer Cabaret Workshop that is to be conducted by Fairfield Theatre Company (the "Summer Cabaret Workshop"). 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: **2010 Summer Cabaret Workshop**

Please check each session chosen.

- Session 1: Monday, July 5 - Friday, July 16**
- Session 2: Monday, July 19 - Friday, July 30**
- Session 3: Monday, August 2 - Friday, August 13**

PLEASE COMPLETE THE FOLLOWING INFORMATION:
(Please Print)

Child's First Name: _____

Child's Last Name: _____

Sex: Male Female

Child's Age (as of 6/30/10): _____. Entering Grade _____ in the Fall.

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 the Summer Cabaret Workshop that is to be conducted by Fairfield Theatre Company, on behalf of myself, my child, and all family members of either of us, I hereby agree as follows:

1. I agree to pay a fee for each two-week session of the Summer Cabaret Workshop for which my child is registered \$500.00 for FTC members, \$525.00 for non members before 5/24/10; \$550.00 for FTC members, \$575.00 for non members on or after 5/24/10; fee for 1st day of session (walk up or online) for FTC Members - \$650.00, for non members - \$675.00. **The total fee(s) must be paid at the time of registration, and fees paid are NONREFUNDABLE.**

2. My child is responsible for his/her behavior while attending the Summer Cabaret Workshop. If my child engages in disruptive, abusive or otherwise unacceptable behavior, as determined in the sole discretion of the Director of the Summer Cabaret Workshop, my child may be dismissed from the Summer Cabaret Workshop and I will not be entitled to any refund of the registration fee paid.

3. I acknowledge that my child will not be permitted to attend the Summer Cabaret Workshop unless I submit, prior to the start of the session of the Summer Cabaret Workshop 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 the Summer Cabaret Workshop. I represent to Fairfield Theatre Company and the Summer Cabaret Workshop 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 the Summer Cabaret Workshop.

4. 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 Summer Cabaret Workshop.

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 the Summer Cabaret Workshop.

6. I hereby authorize the staff or faculty of the Summer Cabaret Workshop, Fairfield Theatre Company, 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 the Summer Cabaret Workshop. I further authorize Fairfield Theatre Company 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 the Summer Cabaret Workshop are the sole and exclusive property of Fairfield Theatre Company.

7. 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 a writing signed by both me and the managing member of Fairfield Theatre Company.

8. 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.

9. I acknowledge and agree that my child's participation in the Summer Cabaret Workshop involves physical activities which can be dangerous and which can possibly result in personal injuries, death or property damage.

10. On behalf of myself, my child, and all family members of either of us, I hereby voluntarily RELEASE AND FOREVER DISCHARGE Fairfield Theatre Company and its officers, directors, employees, members and agents, and all members of the staff and faculty of the Summer Cabaret Workshop (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 the Summer Cabaret Workshop, 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 the Summer Cabaret Workshop, 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 the Summer Cabaret Workshop, 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 THE SUMMER CABARET WORKSHOP IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS AGREEMENT.

PLEASE NOTE: REGISTRATION MUST BE RETURNED SIGNED AND INITIALED WHERE INDICATION AND WITHOUT ANY CORRECTIONS OR CHANGES.

NOTE: The total fee(s) must be paid at the time of registration, and fees paid are NONREFUNDABLE.

2010 FORM OF PAYMENT

(Please include Full Name of Payee and the Full Name of Each Child that is being registered and paid for)

I am a FTC Member # _____

I am not an FTC Member

I Paid Online with Credit Card

Confirmation #: _____

Check (enclosed) Check Amount: \$ _____

** Make checks payable to: Fairfield Theatre Company **

Charge my Credit Card (If paying with Credit Card, please fill out information below)

Please charge my Credit Card:

Visa

Master Card

AMEX

Card #: _____ Expiration Date: ____/____/____

Payee's First/Last Name: _____

Signature: _____

(Please sign only if using your Credit Card)

Parent/Guardian Name: _____

Child #1 First/Last Name: _____

Child #2 First/Last Name: _____

Child #3 First/Last Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

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for FTC Members - \$550.00 for non members - \$575.00

Day Of Registration (1st day of session)

for FTC Members - \$650.00 for non members - \$675.00

2010 EMERGENCY CONTACT INFORMATION

Child's First & Last Name: _____

Session # _____

Mother/Guardian's First & Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father/Guardian's First & Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

AUTHORIZATION FOR PICK-UP:

The following additional people are authorized to pick up my child from the Summer Cabaret Workshop:

Name: _____ Home #: _____ Cell#: _____

Name: _____ Home #: _____ Cell#: _____

Name: _____ Home #: _____ Cell#: _____

Name: _____ Home #: _____ Cell#: _____

Name: _____ Home #: _____ Cell#: _____

Name: _____ Home #: _____ Cell#: _____

2010 YOUTH WORKSHOP 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.*

Child has no conditions we should be made aware of

MEDICATIONS/PRESCRIPTION State law requires parental authorization to administer prescription medications. Prescribed medication must be in its original container with pharmacy label showing number, patient name, date filled, Physician's name, name of medication and directions for use. Authorization for the Administration of Medication must be signed by a physician. I authorize the camp health care supervisor to administer to my child any prescribed medications being brought by her.

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 _____

SESSION # _____

PARENT/GUARDIAN SIGNATURE _____

PRINT NAME _____

DATE _____

2010 YOUTH WORKSHOP 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 camp 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