

Dear Parent or Guardian: **(KEEP THIS SHEET FOR YOUR RECORDS)**

Registration is open for **Maureen Hamill's 2008 Summer Cabaret Workshop**. The workshop is celebrating its 15th anniversary this year! And it's 2nd anniversary at its new location:

**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 still need to be mailed in.

The dates for the **2008 camp sessions** are as follows:

Session 1 – Monday, July 7 - Friday, July 18
Session 2 – Monday, July 21 - Friday, August 1
Session 3 – Monday, August 4 – Friday, August 15

*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 - \$500.00 - Payment & forms must be received by June 7th, 2008
Late Registration - \$525.00 - Payment & forms received after June 7th, 2008

This year we have also added a special 6 Day Session which will be held:

6 Day Session – Monday, August 18 - Saturday, August 23

*Classes are Monday through Friday, 9:00 AM to 3:00 PM.
Performance to be held on Saturday evening, August 23rd.*

Early Registration - \$350.00 - Payment & forms must be received by June 7th, 2008
Late Registration - \$375.00 - Payment & forms received after June 7th, 2008

All medical forms must be submitted in advance. A copy of the medical form is included in this packet. You may submit your own copy from your doctor's office. Please note – even if your child(ren) has/have attended this camp before, you **MUST** submit a completed medical form signed by your child's doctor. Medical forms are good for three years from the date of the exam and a Xerox copy would be acceptable.

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. 6#
or via email at: lisa@fairfieldtheatre.org

Registration forms are to be mailed to:

**The Fairfield Theatre Company
P.O. Box 320901
Fairfield, CT 06825**

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

Sincerely,
Maureen Hamill

Fairfield Theatre Company Presents Maureen Hamill's Summer Cabaret Workshop

(KEEP THIS SHEET FOR YOUR RECORDS)

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 and new this year a special 6 day session. 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 performance staged by the workshop participants on the last Friday of each session. **Students are dismissed on show day at 12 noon.**

The special 6 day session runs 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. The public performance will be held on Saturday night.

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

**2008 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.

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

Signature of Parent/Legal Guardian

Date

Note: Initial and date each page at bottom

This registration is for my child to attend: **2008 Summer Cabaret Workshop**
Please circle each session chosen.

- | | |
|-------------------------|--|
| Session 1: | Monday, July 7 - Friday, July 18, 2008 |
| Session 2: | Monday, July 21 - Friday, August 1, 2008 |
| Session 3: | Monday, August 4 - Friday, August 15, 2008 |
| Six Day Session: | Monday, August 18 - Saturday, August 23, 2008 |

PLEASE COMPLETE THE FOLLOWING INFORMATION:
(Please Print)

Child's First Name: _____

Child's Last Name: _____

Sex: Male / Female (Circle One)

Child's Age (as of 6/30/08): _____. Entering Grade _____ in the Fall.

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 _____

Work _____

Cell _____

Email Address: _____

Father/Guardian's

Home _____

Work _____

Cell _____

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 \$500.00 for each two-week session of the Summer Cabaret Workshop for which my child is registered (\$525.00 if registered after June 7th, 2008) and/or \$350.00 for the special Six Day Session for which my child is registered (\$375.00 if registered after June 7th, 2008). **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, 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.

12. FEES PAID ARE NON-REFUNDABLE.

13. You are responsible to have your child's physician complete and sign the attached medical forms. We will not be held responsible if you do not return the completed and signed medical forms to us or if we are not notified on the forms or by separate letter of a medical condition your child has or has had that we should be aware of.

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.

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Parent signature: _____

Date: _____

2008 FORM OF PAYMENT

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

I Paid Online with Credit Card Order # _____

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: _____

Signature: _____

(Please sign only if using your Credit Card)

Payee's First/Last Name: _____

Child #1 First/Last Name: _____

Child #2 First/Last Name: _____

Child #3 First/Last Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

(PLEASE CIRCLE EACH SESSION REGISTERING FOR)

Session 1: Monday, July 7 - Friday, July 18

Session 2: Monday, July 21 - Friday, August 1

Session 3: Monday, August 4 - Friday, August 15

Six Day Session: Monday, August 18 - Saturday, August 23

\$500.00 per child/per Session for each two-week session if paid by June 7th, 2008.

\$525.00 per child/per Session for each two-week session if paid after June 7th, 2008.

\$350.00 per child/per Session for each six day session if paid by June 7th, 2008.

\$375.00 per child/per Session for each six day session if paid after June 7th, 2008.

2008 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#: _____

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**

*Physical Exams are Valid for 3 Years
From Date of Last Examination
Page 1 of 2*

***** 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

SESSION # _____

**PLEASE RETURN COMPLETED FORMS TO CAMP
FORM MUST BE SIGNED BY CHILD'S PHYSICIAN**

First & Last Name: _____ Date of Birth: _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Phone _____

Date of Arrival at Camp _____ Departure Date _____

***** To Be Completed By Medical Practitioner *****

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

If yes, please explain _____

Is the individual on a special diet? ___ Yes ___ No

If yes, please explain _____

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			

COMMENTS _____

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

YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

*Physical Exams are Valid for 3 Years
From Date of Last Examination
Page 1 of 2*

***** WE DO NOT KEEP PAST FORMS ON FILE *****

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:

- Acetaminophen (Such as Tylenol)
- Ibuprofen (Such as Advil)
- Antihistamine (Such as Benadryl)
- Throat Gargles or Lozenges (Such as Halls)
- Skin Creams (Such as Hydrocortisone)
- Skin Lotions (Such as Calamine)

PRINT CHILD'S FIRST & LAST NAME _____

PARENT/GUARDIAN SIGNATURE _____

PRINT NAME _____

DATE _____

PHYSICIAN SIGNATURE _____

PRINT NAME _____

DATE _____

**I DO NOT WANT ANY MEDICATION(S) (PRESCRIPTION OR NON-PRESCRIPTION)
ADMINISTERED TO MY CHILD**

PRINT CHILD'S FIRST & LAST NAME _____

PARENT/GUARDIAN SIGNATURE _____

PRINT NAME _____

DATE _____