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JAMS-SMASH

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# Theatre Company

*present*

## FALL THEATRE FUNDAMENTALS

a workshop series for 2019

**WHERE:** John Adams Middle School Cafeteria

**WHEN:** Tuesday afternoons / September 17 - October 29

**TIME:** 3:30 – 4:30 pm (until 5:30 pm on Oct 29)

**COST:** Free

**HOW TO REGISTER:** Print this registration form or pick up a copy in the JAMS Front Office. Registration is first-come, first-served while spots remain.

**CLASS DETAILS:** The Theatre Fundamentals class is designed for middle school students NEW TO JAMS-SMASH THEATRE. Weekly classes will include acting, improv/comedy, theatre games, singing, vocal training, dance, audition strategies, and more. **The class will culminate in a short presentation during the final class meeting on Tuesday, October 29 from 4:30-5:00 pm.** Students must bring an afterschool snack and a bottle of water. Please contact [jamstheatre@gmail.com](mailto:jamstheatre@gmail.com) with any questions.

# THEATRE FUNDAMENTALS CLASS

FALL 2019 AT JAMS

**REGISTRATION:** In order to reserve your child's spot in this class, this entire form must be completed and turned into the JAMS Front Office by **FRIDAY, SEPTEMBER 13**. YOU WILL RECEIVE NOTIFICATION OF SUCCESSFUL REGISTRATION VIA EMAIL **BEFORE THE FIRST CLASS WHICH IS TUESDAY, SEPT. 17**

Date:

**Child**

Name

Age

School & Grade

Birth Date

Gender

Allergies

**PARENT/GUARDIAN #1**

Address

City

Zip

Home Phone

Cell Phone

Work Phone

Email Address

**PARENT/GUARDIAN #2**

Address

City

Zip

Home Phone

Cell Phone

Work Phone

Email Address

**ALTERNATE EMERGENCY CONTACT**

Phone

**PEDIATRICIAN**

Phone

List any medical issues and/or medications taken at school:

**Waiver**

*In consideration with the applicant's participation in the above activity, I waive and release all claims for damages, death, personal injury, or property damage that may occur as a result of engaging in that activity. This discharges in advance THEATRE 31, its employees and other agents for liability. I know that this activity involves a risk of accident and I willingly assume the risk. This waiver, release and assumption of risk are binding on my heirs and assigns. I hereby release and hold harmless THEATRE 31, its instructors and employees for any claims. I give permission for any medical care that the leaders of the above deem necessary.*

*I also hereby consent to the photographing, recording or reproduction of any other manner of the likeness, voice and or activities of my child and further authorize THEATRE 31 to make unlimited use of reproductions.*

*I understand I will not receive any monetary compensation. I have read and understand all the policies:*

*Parent Signature:*

*Date:*