

Footloose Registration forms

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Please read this entire document (9 pages total)

NPT is happy to offer you the chance to register for this summer's production and intensive, The Footloose.

All Students must attend the callback auditions to be scheduled later in Spring so that our directors may fully assess their potential for singing and speaking roles. Each student who registers will be involved in singing and acting in the show. The actual solos or speaking parts may not be assigned until the first few days of rehearsal. Please note that only 20 students will be admitted.

Due to our very short but packed professional rehearsal and training sessions, each student will be very busy throughout the day. If a student needs to miss more than two days of full rehearsal they may not be able to have solo lines. More than 3 days missed means this may not be the right time for them to participate in our production and training, but the Artistic Director along with the director and music director have full discretion on this matter.

NO ONE will be allowed to miss rehearsals during the Tech/Dress (final week) for any reason.

ALL FORMS and payment (9 pages) ARE TO BE SUBMITTED IN ADVANCE OF the Footloose rehearsal and classes. 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 submitted even if your child has attended an NPT event before.

If you have any questions or need additional information please contact:
Kristin Huffman- Artistic Director - 646-342-3200

Registration forms and your \$200 deposit are to be mailed asap to the exact address below with the remainder of the tuition paid by March 1 to secure your spot.

If you choose to pay by credit card please call our offices and ask for Lynn:

**New Paradigm Theatre Company, Inc.
c/o Martin, DeCruze & Company, LLP
2777 Summer Street, Suite 401
Stamford, CT 06905
(203-327-7151)**

The Footloose classes and rehearsals 2020

The program is open to all students, age 8 through high school, interested in singing, hip hop, Broadway-style dancing, acting, film, TV, video and stage production and more. Parents and guardians will be expected to pick up students promptly at the end of each class day unless the student has permission to go with another guardian.

The key to the success of this program is a commitment from parents, relatives or guardians. Working together, students build a sense of camaraderie and community, challenge themselves beyond their own expectations, learn valuable lessons about the arts and become more disciplined about their academic work.

RULES & REMINDERS

WHEN YOU ARE AT THE Footloose classes and rehearsals YOU ARE A YOUNG ARTIST, AND YOU ARE COMMITTED 100%

- Students will participate fully in the opportunities given to them.
- Students cannot leave The New Paradigm Theatre rehearsal premises once they have signed in.
- Cell phone use is not allowed during classes or rehearsals. Students may use cell phones if necessary during the 10-minute breaks.
- This is not School. It is an opportunity to be part of a professional production and training arts program. Only students who want to be here and demonstrate that commitment will be allowed to remain in the program.

AT THE Footloose classes and rehearsals, YOU ARE A PART OF A COMMUNITY AND A TEAM

- Students will respect themselves, each other, staff and the building at all times.
- At The New Paradigm Theatre and in general, students are expected to conduct themselves in a manner that reflects well upon the program, The New Paradigm Theatre, their fellow Young Artists and the adults who support them.

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Requirements for Parents and Guardians

- Students will not be allowed to walk or go home with another family unless given permission.
- We request that you drop off and pick up your child promptly as there will not be someone in charge of waiting after rehearsals with them.
- Parents need to keep us updated with up to date contact information. (phone, email, text, work phone, etc.)
- Volunteers are always welcome and encouraged to help THE NEW PARADIGM THEATRE staff in one or more of the following areas:
 - Production help with costumes, props, sets, backstage organization.
 - Performance day ushering and audience services.
 - Cooking and/or helping to serve meals to kids in the last week of rehearsals.
 - Helping with special events and providing transportation to special events that the students perform in such as fund raising events, special performances.

CONTINUE TO THE NEXT PAGE PLEASE

2020 Footloose **classes and rehearsals**
REGISTRATION FORM
AND RELEASE AND INDEMNITY AGREEMENT
(Please Print Clearly) Note: Sign and date each page at bottom where indicated

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 participate in the Footloose classes and rehearsals, and to attend workshops/rehearsals and shows, which will be conducted by The New Paradigm Theatre Company. In connection therewith, I agree to the Terms and Conditions of the Agreement:

Signature of Parent/Legal Guardian Date

Child's First Name: _____

Child's Last Name: _____

Sex: Male Female

Child's Age (as of 08/1/19): _____. Grade (in fall 2020) _____.

Parent/Guardian(s) Names:

Mother/Guardian's First and last name: _____

Father/Guardian's First and last name: _____

Parent(s) Mailing Address:

Street: _____

City/State/Zip _____

Signature _____ **Date** _____

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 participate in The Footloose classes and rehearsals to be conducted by The **New Paradigm Theatre Co** 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 The Footloose classes and rehearsals. If my child engages in disruptive, abusive or otherwise unacceptable behavior, as determined by NPT staff I understand that it is in the sole discretion of the Artistic Director, Kristin Huffman of **New Paradigm Theatre Co**, that my child may be dismissed from The Footloose classes and rehearsals.
2. I acknowledge that my child will not be permitted to attend The Footloose classes and rehearsals unless I submit, prior to the start of The Footloose classes and rehearsals, 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 Footloose classes and rehearsals. I represent to The **New Paradigm Theatre Co**, 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 Footloose classes and rehearsals.
3. 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 Workshop, rehearsal and shows.
4. 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 Footloose classes and rehearsals.
5. I hereby authorize the staff or faculty of The **New Paradigm Theatre Co**, 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 Footloose classes and rehearsals.
6. I further authorize The **New Paradigm Theatre Co**, 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 Footloose classes and rehearsals are the sole and exclusive property of The **New Paradigm Theatre Co**.
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 writing signed by both me and the managing member of The **New Paradigm Theatre Co**.
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, and that any dispute arising hereunder shall be adjudicated in Connecticut state court. 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 Footloose classes and rehearsals 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 New Paradigm Theatre Co and its officers, directors, employees, members and agents, and all members of the staff and faculty of The Footloose classes and rehearsals (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 Footloose classes and rehearsals, whether caused by or resulting from the Releasees' own negligence or fault or otherwise.
10. 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 Footloose classes and rehearsals, and whether caused by or resulting from the Releasees' own negligence or fault or otherwise.

11. Due to a limited number of accepted applicants I understand that there are no refunds of the Deposit or Application Fee for any reason.

I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT, AND HEREBY VOLUNTARILY REGISTER MY CHILD FOR PARTICIPATION IN THE Footloose classes and rehearsals 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 _____

Initial _____ Date _____

CONTINUE TO THE NEXT PAGE PLEASE

2020 EMERGENCY CONTACT INFORMATION

Child's First & Last Name: _____

Mother/Guardian's First & Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father/Guardian's First & Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

CONTINUE TO THE NEXT PAGE PLEASE

2020 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 The Footloose classes and rehearsals must administer their own prescription medication. No employee of The New Paradigm Theatre 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 _____

CONTINUE TO THE NEXT PAGE PLEASE

**2020 HEALTH EXAM/RECORD
FOR ATTENDEES AND STAFF**

Physical Exams are Valid for 3 Years

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