

Dates:

# LIGHTS UP DRAMA STUDIO

Presents 4 workshops of

"Development through Drama".

Four 12 week courses starting September 13<sup>th</sup>, 2007. Offered by the Milford Parks and Recreation Dept. For 7 to 15 year olds from Milford and surrounding areas.

Registration required – Use form below.
Contact Rec. Dept: 672-1067 or Roberta Woolfson: 672-7815.

# Thursdays (Sept 13th through Dec 13th 2007)

### A) Plays of Heroes, Heroines and Superheroes - Ages 11 - 15

Be a fascinating character – act out a powerful drama. From Greek heroes to Batman, and scenes from Annie. Learn role play, improvisation and script writing

#### B) Plays for Pleasure - Ages 7 - 11

Stage stories into plays using visualization, mime, movement to music, characterization, puppetry and role play. From crazy fairy tales to African dragons



## Teacher: Roberta Woolfson (Tel. 672-7815)

Experienced literature and drama expert; professional storyteller; director of children's theater.

Thursdays: Sept 13<sup>th</sup> to Dec 13<sup>th</sup>, 2007, See Schedule below, No lessons on School Holidays, Snow days

Venue:Milford Town HallPrice:\$155 - Milford Residents.\$175 - Non-Residents.(\$10 sibling discount)NEW TIMESA)Middle/High School Students

1:30 to 3:00 pm. A) Home Schoolers Ages 8 – 15	5:00 to 6:30 pm. B) Elementary School Students
Please note: Punctuality is vital. Children may need a snack after	school. Courtesy and Sensitivity is all-important in these Workshops -
Behavior must be appropriate. Each workshop may culminate in a per	formance for parents, relatives and friends - this would be in the last hou

Behavior must be appropriate	Each workshop may culmi	inate in a performance of the final worksh	for parents, relation	atives and friends	- this would be in the las	t hour
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Name		M□ F□	<b>2</b>	DO	DB	
Address			Town _		Zip	
School		Email Address				_
Parent Name		Work 🕿				
Emergency Contact			<b>**</b>		Relation	
	SELECT COURSE:	1:30 pm □	3:30pm □	5:00 pm □		

#### PERMISSION, EMERGENCY TREATMENT, & WAIVER AGREEMENT:

\*\* I hereby give my permission for my son/daughter to participate in the Milford Recreation Department program(s). I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release, indemnify and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors from all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

- \*\* In case of emergency, I hereby give my permission to the program staff and medical personnel selected by the Recreation Department and staff, in my absence, to act as my agent, to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT(S)/GUARDIAN(S).
- \*\* PLEASE LIST ALL medical concerns or instructions the staff should know regarding your child's heath (medications, allergies, etc.)

Parent/Guardian's Signature	Date	