



# LIGHTS UP DRAMA STUDIO

*Presents 4 workshops of*

## "Development through Drama".

Four 12 week courses starting February 9<sup>th</sup>, 2006.  
Offered by the Milford Parks and Recreation Dept.  
For 7 to 18 year olds from Milford  
and surrounding areas.

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

### Thursdays (Feb 9<sup>th</sup> through May 11<sup>th</sup> 2006)

**A – Produce a Play** - Tom Sawyer or Aladdin (to be decided)

**B – Amazing Magical Nights 3:30 to 5:00 pm. Ages 11 – 18**

A thousand games, stories, poems and plays about Aladdin, Genies, Princesses and Magicians.  
Learn improvisation and acting techniques. To be performed for a younger audience.

**C – Fairy Tale Adventure 5:00 to 6:30 pm. Ages 7 – 11**

Drama adventures with folk and fairy tales including Shrek and Puss in Boots. Stage stories into plays using visualization, mime, movement and puppetry.



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

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

**Dates:** Thursdays: February 9<sup>th</sup> to May 11<sup>th</sup> 2006. See Schedule below. No lessons on School Holidays or Snow days.

**Venue:** Milford Town Hall **Price:** \$155 – Milford Residents. \$175 - Non-Residents. (\$10 sibling discount)

**12:00 to 1:30 pm. A) Home Schoolers Ages 11 – 18**  
**1:30 to 3:00 pm. C) Home Schoolers Ages 7 – 11**

**3:30 to 5:00pm. B) Middle/High School Students**  
**5:00 to 6:30 pm. C) 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 performance for parents, relatives and friends - this would be in the last hour of the final workshop.

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### DRAMA REGISTRATION FORM

Return with payment to Recreation Dept. 1 Union Square Milford NH 03055

Name \_\_\_\_\_ M ☐ F ☐ \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Email Address \_\_\_\_\_

Parent Name \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ \_\_\_\_\_ Relation \_\_\_\_\_

**SELECT COURSE:** 12:00 pm ☐ 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 health (medications, allergies, etc.)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_