FIRST STAGE ACTING PROGRAMS

FIRST STAGE AFTER SCHOOL DRAMA CLUB
Further develop beginning acting skills as we use improvisation techniques to create our own characters and stories.

Day: Tuesdays  
Time: 3:45 - 4:45pm  
Location: Maple Dale School  
Fee: $100.00R/$120.00NR  
Min/Max: 8/15  
Instructor: First Stage Professional Teaching Artists

<table>
<thead>
<tr>
<th>Session</th>
<th>Grade</th>
<th>Date</th>
<th>Program#</th>
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<tbody>
<tr>
<td>I</td>
<td>3rd - 5th</td>
<td>February 12 - March 19</td>
<td>212390-01</td>
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<tr>
<td>II</td>
<td>6th - 8th</td>
<td>April 23 - May 28</td>
<td>212390-02</td>
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FIRST STAGE SPRING BREAK PLAYMAKERS
Explore character, relationships, acting, and text while advancing overall acting skills and confidence.

Date: March 25 - 29  
Day: Monday - Friday  
Time: 10:00am - 12noon  
Location: Nicolet High School - Community Room  
Grade: 3rd - 5th  
Fee: $100.00R/$120.00NR  
Program#: 212391-01  
Min/Max: 8/12  
Instructor: First Stage Professional Teaching Artists

FIRST STAGE COMEDY IMPROV
Learn to think on your feet to create stories without a script. Through theater games and exercises Improvisation will challenge your focus, acting and teamwork skills!

Date: March 25 - 29  
Day: Monday - Friday  
Time: 1:00 - 3:00pm  
Location: Nicolet High School - Community Room  
Grade: 6th - 8th  
Fee: $100.00R/$120.00NR  
Program#: 212392-01  
Min/Max: 8/12  
Instructor: First Stage Professional Teaching Artists

register with:

Nicolet Recreation Department  
6701 N. Jean Nicolet Rd.  
Glendale, WI 53217  
Phone: (414) 351-7566  
Fax: (414) 351-4053  
www.nicolet.us

On-line registration: https://rec.nicolet.k12.wi.us
Registration Form

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Household Information:

Name (person filling out form):

Address:

City:__________________________ State:______ Zip:___________

Home Phone:___________________Cell Phone:___________________

E-mail Address:

Unless otherwise notified, assume that you are enrolled in the program.

Waiver and Release of Claims

“As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my child may incur or sustain as a result of participating in any activity or action associated with such a program. I agree to forsake and relinquish all claims I/my child may have or may have as a result of participating in this program against the Nicolet Recreation Department/Nicolet High School and its officers, employees, agents, servants and employees. I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees from and against any and all claims from injuries, damages or loss which my child may incur or may have as a result of my/my child’s participation in this program. I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which my child may incur or may have as a result of my/my child’s participation in this program. I have read and fully understand the above waiver and release of all claims.”

For the activities that apply:

Concussion & Head Injury Disclosure

“As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to this form you are agreeing that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.”

For more information go to: http://www.nicolet.k12.wi.us/cms_files/resources/concussion.pdf

Parent Agreement:

I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand that my child must be removed from practice/play if a concussion is suspected. I understand that if my responsibility is such medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from a qualified health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Athlete Agreement:

I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coach and my parent/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Signature__________________________________________ Date_______________

Ways To Register: On-line!, Mail, Fax, Walk-In, Phone, & Drop Box

Reduced Fee School Meal Program for Nicolet School District Students

For those families who meet the criteria for free school meal program, your child’s class fee can be reduced by 50% (supplies and materials excluded). School lists will be used to verify eligibility. “I certify that my child/children is/are eligible for the reduced fee school meal program”

Signature ____________________________________________

Subtotal Fee:______________________

Less Reduced Fee:____________________

Total:____________________________

Cash ___ Check ___ / #_____ made payable to Nicolet Recreation Dept.

Credit Card ___ MasterCard ____ Visa ____ Expiration Date_________

Card number __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Cardholder Name__________________________________________