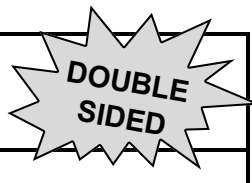


Township of Teaneck
Teaneck Recreation Department
250 COLONIAL COURT—TEANECK, NJ—07666



DRAMA

FALL 2020



COURSE AT A GLANCE

WHO: Children ages 10–15

WHEN: Wednesdays: 5:00–5:45pm

Class will meet once a week for 6 weeks

Sept: 23, 30 Oct: 7, 14, 21, 28

(Unfortunately, this session cannot accommodate make-up classes)

WHERE: Votee Park Band Shell

FEE: \$60 (Teaneck residents only)

Please Note Children **MUST BE** the required age by **September 21** or they cannot be accepted into the program. As this is a public area, we suggest you remain on the premise while your child is in class. Please make sure your child uses the bathroom before class.

COURSE OVERVIEW

The Teaneck Recreation Department is pleased to once again offer Drama as part of our Fall line-up. This class is designed for ages 10-15 years old to explore and learn acting techniques and skills to transform and perform monologues and short scenes. **Please bring your own chair to class.**

Class will be taught by Charles Anthony Burks, a long-time resident of Teaneck. Mr. Burks has over 20 years of teaching experience in the acting field. He has a M.F.A. in Acting from Columbia University and a B.A. in Mathematics and Drama from the University of Virginia. His acting credits include: Get Rich or Die Trying, Sopranos, Hack, The Unusuals, Chris Rock Show, and the Conan O'Brian Show.



COVID-19 SAFETY MEASURES

The Teaneck Recreation Department follows all CDC Guidelines. Participants must wear a mask along with maintaining social distance. There will be a COVID-19 screening prior to the start of every class which includes a temperature check and a COVID-19 symptoms questionnaire.

For more information or if special accommodations are needed, please call us at (201) 837-7130 ext. 1.

REGISTRATION PROCEDURES

Send your form & proofs to:
Teaneck Recreation Department
250 Colonial Court
Teaneck, NJ 07666

MAIL-IN/DROP-BOX REGISTRATION (TEANECK RESIDENTS ONLY): Beginning August 31

Complete the **registration form** below with **Proof of Age** (if the child has never participated such as copy of birth certificate or passport) and **Proof of Residence** (copy of parent's New Jersey Driver's License, current utility bill, etc.) You may **mail** us your forms or utilize the **drop-box** in the Rodda Center lobby. **DO NOT INCLUDE PAYMENT** with your application; you will be notified of class availability via phone and given **48 hours** to bring payment to the administrative office.

Only one applicant per form; please **do not** put **multiple** names on the same form.

Each family should include all of their applications in one envelope.

FALL 2020 REGISTRATION FORM - DRAMA

PLEASE WRITE LEGIBLY AS WE WILL USE THE PROVIDED INFORMATION BELOW TO CONTACT YOU

Child's Name: _____ Gender: _____ Date of Birth: _____

Address: _____ Primary Phone: _____
(Please include City/State/Zip if you are not a Teaneck resident)

*Email: _____ Secondary Phone: _____

*Please provide a current email address to stay up-to-date with any course changes or cancellations.

Does your child need a modification because of a disability/special need to enjoy this program? yes or no (please circle one)

Pictures may be taken by a Teaneck Recreation Department employee to be use for publicity purposes. If you have any questions, concerns, or objections please contact the Recreation office in writing.

I agree that I do hereby assume all risks of injury to myself and/or my child participating in the program, and of loss or damage to personal property arising out of or incident to the above-mentioned activity. I further testify that I understand the program of activities in which I propose to engage. With this knowledge, I assume whatever risk such activities may entail or accrue to my person, child, property, or equipment and agree that I will not seek any claims for injury or liability against the Teaneck Recreation Department and/or the Township of Teaneck, its instructors and/or program leaders associated with this program.

Parent's Name: _____ Signature: _____ Date: _____

Township of Teaneck

Liability Waiver

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in all recreation activities, the undersigned acknowledges, appreciates and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I have reviewed and will adhere to all of Governor Murphy's Executive Orders including Executive Order #149, the Center for Disease Control and Prevention (CDC) guidelines and the New Jersey Department of Health guidelines for COVID-19 in all respects while using municipal facilities or participating in municipal activities, and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Township of Teaneck, their elected officials, commissioners, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS,
6. DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Participants Name _____

Participants Signature _____

Date Signed _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. I for myself, my spouse and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name _____ Parent/Guardian Signature _____

Date Signed _____ Emergency Phone Number _____