



**HOWELL TOWNSHIP
POLICE ATHLETIC LEAGUE**

P.O. Box 713 • 115 Kent Rd., Howell, NJ 07731
Phone: 732.919.2825 • Fax: 732.919.1212
www.howellpal.org



HOWELL PAL THEATRE COMPANY

"The Actor's Toolbox" Summer Session 2018

7 Weeks - \$175

Wednesdays: 07/11/18–08/15/18 (Showcase 08/22)

9:00am – 10:30am

At: Southard School – 115 Kent Road – Howell

Instructor: Gillian Bryck

If your child has an interest in being an actor, but is not ready for the big stage, then the Actor's Toolbox Sessions are great way to introduce them to theatre!

This program is for children ages 6-17, who enjoy theater and are eager to learn. The class will teach the "basics" of acting for the stage; including warm-up techniques for voice and body, improvisation, theater games and following stage direction, as well as solo and group scene work.

Students will develop their abilities to learn in-depth scene study and memorizing lines, while creating characterizations through solo and group scene work. Students will also work on vocal numbers.

The session culminates with a showcase that utilizes all the skills learned throughout the weeks.

To Register, please mail the completed, signed forms, with your check
(made out to **Howell PAL**) to:

**Howell PAL Theatre Company
Suite 3 - PMB #242
Toms River, NJ 08755**

Visit us on the web at: www.howellpaltheaterco.com

Contact us directly: 732-614-8620

Email: howellpaltc@gmail.com

HPALTC ACTOR'S TOOLBOX CLASS – Summer Session

Participant Name: _____

Complete Address: _____

Home Phone #: _____ Cell #: _____

Date of Birth: _____ Email address: _____

List Current Medications: _____

Medical Conditions: _____

EMERGENCY CONTACT:

Name (Parent/Guardian Preferred): _____ Relation: _____

Home Phone #: _____ Cell #: _____

Parent/Guardian Signature

Date

(PAL Office Use Only) CHECK _____ CASH _____ RECEIPT _____ RECEIVED BY _____

MAIL YOUR REGISTRATION TO:

**Howell PAL Theatre Company
2360 Lakewood Road
Suite 3 - PMB #242
Toms River, NJ 08755
732-614-8620**

PAL Office: 732-919-2825 PAL Fax: 732-919-1212

LAST DAY OF REGISTRATION AND PAYMENT IS JULY 11, 2018

HOWELL POLICE ATHLETIC LEAGUE PARTICIPANT WAIVER

NOTE: This form must be read and signed before the member is allowed to take part in a PAL program. By signing this form, the participant and/or parent or guardian agrees that they have read this waiver, understand the terms set forth herein and knowingly and voluntarily agree to the terms of this waiver.

Program Name: _____

Member's Name: _____

Address: _____

Phone #: _____ **DOB:** _____

In consideration of my involvement in the program under the auspices of the Howell PAL (and/or its officers, volunteers, staff, sponsors, agents, members and/or activity participants) I hereby agree that:

I acknowledge that by participating in the event put on by the PAL by its very nature:

- 1. I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT OR DEATH.** While the particular rules of the sport, equipment, personal training and discipline may reduce this risk. The risk of injury does exist, as does the risk of damage to or loss of property.
2. I knowingly and freely assume all risks both known and unknown, even if arising from negligence of the above mentioned parties.
3. I willingly agree to comply with the stated and customary terms and conditions for participants, if however I observe any unusual or unnecessary hazard during my presence or participation, I will bring these incidents to the immediate attention of the nearest Howell PAL Staff/Chaperone.
4. For myself, and on behalf of my heirs, those assigned as a personal representative and my next of kin, I hereby: Release, Indemnify and hold harmless and agree not to sue, file a claim for relief or otherwise take legal action against the Howell PAL, their officers, volunteers, staff, or sponsors. Further I and/or my parent/guardian Releases from liability of any of the aforementioned from any liability from any and all injury and loss arising from my participation, whether caused by negligence or otherwise, except that which is the result of gross negligence or wanton misconduct. This indemnification shall include the payment of the Howell PAL's reasonable attorney's fees in defense of any claim filed by you.
5. I grant the Howell PAL, its representatives and employees the right to take photographs of my child in connection with the above identified subject. I authorize Howell PAL, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Howell PAL may use such photographs of my child with or without their name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read this Howell Police Athletic League Participation Waiver and fully understand its terms. By signing this Waiver I acknowledge that I have done so both freely and voluntarily.

This signature is to certify that I, as a adult participant or the parent/guardian with legal responsibility for this participant who is a minor, consent to the above mentioned and agree to his/her release, and also agree for myself/ourselves, my/our heirs, assigns and next of kin, to release and indemnify the Howell PAL from all liability, incidents to my /our child's involvement as stated above.

X _____
Parent/Guardian Signature

Date

X _____
Member Signature

Date