

THEATRE AQUARIUS

DOFASCO Centre for the Arts

PERFORMING ARTS PROGRAMME Lou Zamprogna, Director

SPRING 2017 BEGINS March 25

ABOUT THE PROGRAMME

During this 10 week programme, students are introduced to a very dynamic art form: theatre! Students will strengthen their powers of concentration, explore their imaginations and creative powers, achieve a higher level of self-confidence and self-discipline, and expand their ability to communicate with others. Working professionals instruct students in all practical aspects of theatre during this 10 week programme. The course has been developed for those who are already involved in theatre arts programmes or school drama clubs or for those with a new interest in theatre & the performing arts or thinking about exploring a theatre as a possible career. **Areas of focus may include:**

- ◆ Improvisation
- ◆ Voice Work
- ◆ Stage Movement
- ◆ Theatre "Games"
- ◆ Creative self-expression
- ◆ Text Study
- ◆ Character Development
- ◆ Acting Styles & Technique

Session Times: (please check most applicable session)

Ages 7-14 years (novice) Saturdays 9:00am - 10:45am

Ages 15+ years (novice) Saturdays 9:00am - 10:45am

Ages 7-14 years (past experience) Saturdays 11:00am - 1:00pm

Ages 15+ years (past experience) Saturdays 11:00am - 1:00pm

REGISTRATION INFORMATION

Student's Name Returning Student New Student

Age _____ Gender (Male or Female)

Parent/Guardian _____

Street Address _____

City _____ Postal Code _____

Telephone _____

Email _____

PAYMENT: FULL PAYMENT / NON REFUNDABLE

Fee: \$250 for 10 two-hour classes

Cheque enclosed made payable to: Theatre Aquarius Inc.

Charge to: VISA MasterCard AMEX

Card Number _____

Expiry Date _____

Signature _____

MAIL TO: Theatre Aquarius Performing Arts Programme
190 King William St., Hamilton, ON, L8R 1A8

For more information about the programme
contact Lou Zamprogna at 905.522.7815 ext. 233
fax: 905.522.7865 or lzamprogna@theatreaquarius.org

LEARN FROM THE PROS!

RELEASE FORM FOR PARTICIPANTS

Name _____ Address _____

Phone Number _____ Emergency Phone Number _____

Important medical information (i.e. allergies, asthma etc.) _____

I, _____, being a student, or I _____, being the lawful guardian of a student as named above hereby verify the above information to be true and correct to the best of my knowledge and belief. I hereby agree to release all Theatre Aquarius Inc., its Board of Directors, its employees and in particular Lou Zamprogna, from any and all claims, causes of actions, damages, resulting directly or indirectly from the enrollment of _____, as a student in the Theatre Aquarius Performing Arts Programme, and in particular, I acknowledge that I have sufficient insurance to cover any and all claims that may arise out of any act or omission by any member of the Theatre Aquarius and I hereby covenant and agree to indemnify Theatre Aquarius Inc., its Board of Directors, its employees and staff, and save them harmless from all suits, actions, or prosecutions by reason of any action or omission occurring whether on or off Theatre Property. I also acknowledge that by signing below I agree that Theatre Aquarius is entitled to use any photographs or video of the Performing Arts Students for promotional purposes at its discretion.

Dated at Hamilton, this _____ day of _____, 20____.

Witness _____

Signed (Parent or Legal Guardian) or student if aged 18 or older _____