



**Township of Cedar Grove
Recreation Department**
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220

Music Theater

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec or
“FOLLOW” US ON TWITTER, @CedarGroveRec or call #973-230-9944**

- **Who:** Children Grades 3-5
- **Where:** Cedar Grove Community Center
- **When:** Tuesdays –
Nov. 27, Dec. 4, 11, 18, (skip 12/25 & 1/1), Jan. 8, 15, 22, 29
- **Time:** **Grades 3-5;** 6:15-7:15pm; **Grades 6-8;** 7:15-8:15pm
- **Fee:** \$90.00/child - \$10 late fee after 11/16/18
MAKE CHECKS PAYABLE TO TOWNSHIP OF CEDAR GROVE

● **Description:** This eight week course will introduce the students to acting, singing, and dancing and the world of musical theatre. They will focus on learning the terminology of the theatre, creating a character, vocalization, creative writing and choreography. For the acting segment of this class, we will focus on improvisation, as we free each actor of their inhibitions. Acting is important for children of all ages, as it strengthens their self-esteem. At the end of the 8 week course we will have an informal showing of the work we have accomplished.

Music Theater – Winter 2018-19

CHILD’S NAME _____ GRADE _____ DOB _____

ADDRESS _____ HOME PHONE _____

CELL PHONE _____ EMERGENCY CONTACT _____

EMAIL _____ PREFERRED HOSPITAL _____

Any Allergies/Health Conditions we should be aware of? (If Yes, explain) _____

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child’s participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.

Parent/Guardian Signature _____ **Date** _____

\$90.00