

YOUTH THEATER
IMAGINE
DREAM IT, ACT IT

250D Olmsted Blvd
Pinehurst, NC 28374,
910-695-1320
taylordancetheplayhouse.org

A Division of Taylor Dance

REGISTRATION

Actor Name Date

Parent/Guardian Name

Address: Street City State Zip Code

Home Phone Cell Phone Actor Cell Phone

Email Address Actor's Email Address

Age Date of Birth

FEES:

WORKSHOP: *(Due at time of audition)*\$395.00

Make payment out to Taylor Dance *(Visa, Mastercard accepted)*

This NON-REFUNDABLE payment is due at time of audition as script is issued at time of payment.

By signing this form, the parent/guardian accepts financial responsibility and understands all information presented by Taylor Dance/Imagine Youth Theater. This form must be signed and presented to Taylor Dance/Imagine Youth Theater order for student to participate in workshop.

Signature of parent/guardian

WORKSHOP:

Please choose

FALL

_____ Grades 2-7

_____ Grades 8-12

WINTER

_____ Grades 2-8

SPRING

_____ Grades 2-7

_____ Grades 8-12

NOTES:

Health History Information

Because performance is a highly physical activity, it is necessary that the following information concerning health history be provided. Please remember that all information is considered important and will be considered confidential.

Actor Name

Emergency Contact		
Name	Relationship	Phone Numbers

List all known allergies:

List all conditions being monitored by a physician & special instructions in the event of a health crisis:

List all medications currently taken:

Does Taylor Dance/Imagine Youth Theater have permission to administer the following for minor complaints?

Tylenol ____ If so, indicate dosage ____ **Advil** ____ If so, indicate dosage ____

General Release/Indemnification

In case of an emergency, if the staff of Taylor Dance/Imagine Youth Theater is unable to reach me by phone, concerning a situation that requires immediate emergency medical assistance, I hereby give my permission to the staff to secure treatment for my child as named in this application. As an additional consideration, I release Taylor Dance/Imagine Youth Theater from liability for injuries to the person or property of the student, which may occur while participating in the activities of this company. In addition, I will not hold Taylor Dance/Imagine Youth Theater responsible for any theft, accident or injury during any Taylor Dance/Imagine Youth Theater function or activity.

Taylor Dance/Imagine Youth Theater shall have the right to use the name, photograph, video-tape, voice, or other likeness of the student; and to exhibit the same through any medium whatsoever during the term of this agreement or at any time in the future for advertising, promotional or commercial purposes. All such reproduction shall be the exclusive property of Taylor Dance/Imagine Youth Theater.

I certify that the above information is accurate and complete and I am in agreement with this release and consider it legal and binding:

Signature of parent/guardian