

YOUTH THEATER

IMAGINE

DREAM IT, ACT IT

A Division of Gary Taylor Dance, a non-profit 501c-3 organization

250D Olmsted Blvd
 Pinehurst, NC 28374
 910-420-1025 taylordance.org
 Mailing Address:
 PO Box 24132, Winston-Salem, NC 27114

2020-2021 SEASON WORKSHOPS AND PROGRAMS for Grades 2-12
featuring IYT Jr

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
 SUMMER STOCK – 3 wks: (*Due at time of audition*)\$595.00

Make payment out to Gary Taylor Dance (*Credit Cards accepted*)
The NON-REFUNDABLE workshop payment is due at time of audition.

By signing this form, the parent/guardian accepts financial responsibility and understands all information presented by Gary Taylor Dance/Imagine Youth Theater. This form, along with the In-Studio Covid 19 Policies form must be signed and presented to Gary Taylor Dance/Imagine Youth Theater in order for student to participate.

 Signature of parent/guardian

WORKSHOP:

Please choose:

FALL

_____ Grades 2-7

_____ Grades 8-12

WINTER

_____ Grades 2-7

SPRING

_____ Grades 2-7

SUMMER STOCK

_____ Grades 2-7

_____ Grades 8-12

DANCE FOR MUSICAL THEATER

Grades 5-7 or
 Grades 8-12
Please register using Gary Taylor Dance Registration Package

Health History Information

Because performance can be 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 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:

General Release/Indemnification

In case of an emergency, if the staff of Gary 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 Gary 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 Gary Taylor Dance/Imagine Youth Theater responsible for any theft, accident or injury during any Gary Taylor Dance/Imagine Youth Theater function or activity.

Gary 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 Gary 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