

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](http://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:**

ONE ACTS: .....\$295.00  
 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  
 \_\_\_\_ One Acts Gr 8-12

**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.*

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Actor Name

Emergency Contact		
Name	Relationship	Phone Numbers

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List all known allergies:

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

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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:*

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Signature of parent/guardian