

**Lines in Motion Dance Team: 2019-2020** 

### <u>Advanced - Performance Team - Cost \$100 Donation (Per Semester)</u>

Teacher/Choreographer: **Gaby Blaney** Email: <a href="mailto:gblaney@njuhsd.com">gblaney@njuhsd.com</a>

Office Phone: (530) 273-4431 ext. 2103 Cell Phone (Emergencies): (530) 277-7304

Originally from Northern California, Gaby Blaney grew up a Nevada County native. At a young age she started competing as an elite gymnast, which in return led to the start of her dance career. Gaby attended college at the University of California Irvine where she earned a full ride scholarship along with a degree in dance and education. She then moved to New York City where she danced professionally for the past 6 years. Gaby was a member of SynthesisDANCE under the Artistic direction of Tracie Stanfield. Gaby has performed at numerous venues including BAM, Jazz at Lincoln Center, Symphony Space, High Line Ballroom, Ailey City Group Theater, the Brooklyn Museum and The Salvatore Capezio Theatre. She has taught at Broadway Dance Center's Children and Teen Program, AMDA College & Conservatory of the Performing Arts in NYC and surrounding studios in the tristate area.

**Team Description:** As a member of the Dance Team you will be performing at multiple athletic events (i.e. volleyball, football, and basketball games); we will be doing performances outside of Nevada Union as well as performing in *Fall for Dance, Dance Tour,* and our *Spring Dance Concert.* You will be required to rehearse twice a week and consistent attendance is required in order to perform. There will be an additional opportunity to attend a Dance Competition and Convention in the spring semester.

Rehearsals are Wednesdays 4:30-7:30 p.m. and Thursdays 7:15-8:15 a.m. in the N.U. Dance Studio:

- There will be a weekend rehearsal on August 10th and 11th from 9:00 a.m. to 12:00 p.m.
- Regular rehearsals will start the following week on August 22nd

#### **Shows and Performances:**

- Fall, Winter and Spring Athletic Events, Homecoming Pep Rallys (Dates TBA)
- Professional Dance Concerts
- Fall for Dance, Dance Tour, and Spring Dance Concert
- VOLUNTARY: Competition and Convention (Dates TBA)
- Additional performances/festivals may be added

**Cost:** There will be a non-refundable \$100 donation per semester (\$200 total for Fall and Spring). This will cover all costumes, rehearsals, and performances. Fall semester donation due: Saturday, September 1st

• The Convention and Competition will be an additional cost in the spring semester. This is completely OPTIONAL.

Bootcamp will be held on August 5th-8th 9:00 a.m.-12:00 p.m. Cost is \$100 for the week.

**Auditions** will be held Friday, August 9th from 9:00 a.m.-12:00 p.m. Intermediate and Advanced dancers enrolled in the program are welcome to audition.

**Registration** To register please fill out the following forms with payment and return to Gaby Blaney. Please make Cash or Checks payable to Gaby Blaney.

## **Dance Team Bootcamp Registration and Audition Form**

### 2019-2020

Student's Name:	Student's Grade:
Parent/Guardian Names:	
Mailing Address:	
Home Phone:	Cell Phone:
Email Address:	
Emergency Contact Name:	Emergency Phone:
Please list any physical/health/special need	ds the student has that might impact her/his participation:
injury, property damage, or wrongful death occur activity or activities incidental thereto wherever of him/herself, his/her heirs, executors, administrator of action which may hereafter arise for him/herself, heirs, executors, administrators and assigns prose	charges, waives and relinquishes any and all actions or causes of action for personal tring to him/herself arising as a result of engaging in or receiving instructions in said or however the same may occur and continue, and the undersigned does for ors, and assigns hereby release, waive, discharge, and relinquish any action or causes of or his/her estate, and agrees that under no circumstances will he/she or his/her excute, present any claim for personal injury, property damage or wrongful death trict or any of its officers, agents, or employees for any of said causes of action, any said persons, or otherwise.
	] BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE NEVADA JOINT LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR GENCE.
injury, property damage or wrongful death shall lindemnify and save harmless the same Nevada Jowhomever or wherever made or presented for per The undersigned acknowledges that he/she has re	executors, administrators or assigns, agrees that in the event any claim for personal of prosecuted against Nevada Joint Union High School District he/she shall point Union High School District from any and all claims or causes of action by resonal injuries, property damage or wrongful death. The ead the foregoing Waiver of Liability Notice and the foregoing three (3) paragraphs, ential dangers incidental to engaging in the activity and instructing of activity, and is this instrument.
	ARTICIPANT UNDER AGE 18): I represent that I am a parent/legal guardian of the waiver and policies acknowledgement contained therein binds me and said minor to
SIGNATURE OF PARENT/GUARDIAN:	DATE:

# NUHS THEATRICAL DANCE CONSENT TO TREAT FORM

Student Name:			
First	Middle	Last	
AUTHORIZ	ZATION FOR TREATMEN	T OF A MINOR	
x-ray examination, anesthetic, medical or s member of the medical staff and emergence dentist licensed under the provisions of the of any specific diagnosis, treatment, or hos care which the aforementioned physician in	surgical diagnosis returned underly room staff licensed under the Dental Practice Act. It is understipital care being required but is on the exercise of his/her best judiersigned prior to rendering treat		ance der od
	elegate to the responsible school	dersigned after a reasonable attempt has be of representative the right to authorize medi	
THIS FORM IS NOT REVIEWED BY SCHOThis health information will be provided to r			
Birth Date: Last Tet	anus or DPT:To	oday's Date:	
List all medications the student takes:			
NOTE: If student needs to take medicati parent's responsibility to contact the Da		op or has special health concerns, it is th	e
List any restrictions or other pertinent n	nedical information, including	any allergies to food or drugs:	
Student Insurance Info:			
Company:			
Policy/Group #:			
Insured's Name:			
Family Doctor:	Phone:		
I request in the case of medical emerger a doctor or medical facility to receive en		supervisor take the above named studen	ıt to
Signature of Parent/Legal Guardian:			