

California DanceArts Application

Apply in person - email to info@caldancearts.com - Fax 501- 641-7117

STUDENT
NAME(LAST) _____ FIRST _____

PARENT/GUARDIAN
NAME(LAST) _____ FIRST _____

ADDRESS _____ CITY _____ ZIP _____

BIRTHDATE ____/____/____ HOME PHONE _____

VALID E-MAIL ADDRESS _____

CELL PHONE _____ OTHER PHONE _____

CLASS TYPE: _____ CLASS DAY / TIME _____

EMERGENCY CONTACT:

NAME _____ PHONE:(____) _____ RELATIONSHIP _____

What would the student like to gain from taking this dance program?

_____ Does student have any physical difficulties
or medical conditions the teacher should know about? What are they?

Where did you hear about CDA? (Please check one / Provide name of person who referred)

Friend (name) _____ Flyer _____ Advertisement _____ (What
Publication?) _____ Internet _____ Other _____

PLEASE READ WAIVER INFORMATION AND SIGN BELOW

I do hereby release, absolve, indemnify and hold harmless CALIFORNIA DANCE ARTS (CDA) and owner from any and all claims arising from my own or my child's participation in this CDA program and use of facilities at CDA. Except for gross negligence or willful misconduct, I assume all risks and hazards incidental to participation in these program activities, including risk of physical harm and injury from strenuous exercise and related activities, transportation or moving to and from activities relating to the program. Furthermore I understand that the activities at CDA are of a physical nature and may involve physical contact between students. Teacher may employ physical contact with me or my child for correction and instructional purposes. I hereby waive all claims against CDA, staff and owner. I promise not to charge back any charge for service rendered or ordered by me.

SIGNATURE: _____ NAME _____ DATE _____