

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_____