

Trial Class  
Medical Release and Waiver of Liability  
Trial classes are offered Aug 12th-Feb 28<sup>th</sup>.

We do not do trial classes during our Parent Observation Weeks  
Sept 16-20, Oct 21-25, and Feb 10-14

I \_\_\_\_\_ (parent/guardian), certify that my child \_\_\_\_\_ is in good physical condition and can participate in the scheduled activities. I grant permission for the director of First Coast Center for the Arts Inc. to act for me according to their best judgment in any emergency requiring medical attention. The undersigned releases and discharges First Coast Center for the Arts Inc. and all it's employees exercising reasonable care within their scope of employment, from liability for any known and unknown, foreseen and unforeseen personal injuries.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Please print Parent or Guardian's name

\_\_\_\_\_  
Visitors Phone Number

\_\_\_\_\_  
Visitors Email

\_\_\_\_\_  
Name of Dancer

\_\_\_\_\_  
Dancer's Date of Birth

\_\_\_\_\_  
Age of Dancer

\_\_\_\_\_  
Allergies/Medical Concerns

\_\_\_\_\_  
Date Signed

\*Class trying \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Date coming \_\_\_\_\_

\*Class trying \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Date coming \_\_\_\_\_

\*Class trying \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Date coming \_\_\_\_\_

**\*Note – We will hold your dancer's spot for 24 hours after the trial class is completed. After 24 hours, the spot will be released.**

**Office Use Only**

Contacted us by: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Walk-in \_\_\_\_\_ Facebook/Internet \_\_\_\_\_  
(Date) (Date) (Date) (Date)

Class(es) Teacher recommends: \_\_\_\_\_

Please email us with any questions: [firstcoastcenterforthearts@gmail.com](mailto:firstcoastcenterforthearts@gmail.com)  
Or call us @ 904-247-5151  
Visit our website @ [firstcoastcenterforthearts.com](http://firstcoastcenterforthearts.com)