

Trial Class
Medical Release and Waiver of Liability

****Trial classes are offered Aug-Feb****

****Scheduling a trial class does not hold a spot in that class for your dancer****

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

Age of Dancer

Date Signed

Allergies/Medical Concerns

Class trying _____ Day _____ Time _____ Date coming _____

Class trying _____ Day _____ Time _____ Date coming _____

Class trying _____ Day _____ Time _____ Date coming _____

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

Or call us @ 904-247-5151

Visit our website @ firstcoastcenterforthearts.com