

Trial Class
Medical Release and Waiver of Liability

Trial classes are offered Aug-Feb

We do not do trial classes during our Parent Observation Weeks
Sept 11-15, Oct 16-20, and Feb 12-16

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
Or call us @ 904-247-5151
Visit our website @ firstcoastcenterforthearts.com