



**Castro Valley Performing Arts**  
 20575 Santa Maria Ave.  
 Castro Valley, CA 94546  
 (510) 581-3262

**Student Information Form**

Registration Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address (if different) \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Dad's Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact (day) \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (eve.) \_\_\_\_\_ Phone \_\_\_\_\_

Responsible for Payment \_\_\_\_\_

Previous Dance Background \_\_\_\_\_

\_\_\_\_\_

**CLASSES REGISTERED IN:**

Assigned To:	Teacher	Class	Day	Time	Start Date

**Nordgren Performing Arts, Inc.**  
**DBA:**  
**Castro Valley Performing Arts**

**Student Waiver**

**I, \_\_\_\_\_, as the parents or legal guardian of \_\_\_\_\_, who is a registered student at Nordgren Performing Arts, Inc., DBA: Castro Valley Performing Arts, understand that there are risks of physical injury associated with, arising out of, and inherent to the activity of dance. In recognition of this, I agree to release Nordgren Performing Arts, Inc. DBA: Castro Valley Performing Arts and hold them harmless of all liability and hereby acknowledge that I am knowingly and voluntarily assuming full responsibility of all risks of physical injury arising out of active participation in a dance or tumbling class or other dance related activities with regard to the above named student.**

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**Parent Signature or Student Signature if over 18**

**Date: \_\_\_\_\_**