



PRE-SCHEDULED CLASS PLACEMENT FORM

NOTE: This is NOT a registration form.

Placement classes offer students the opportunity to test a class and determine the correct level at which they should begin. Placement classes are available the first three weeks of each semester, and the student must meet age and proficiency requirements for admittance.

To schedule a placement class, complete this form and return to the Registration Office at registration@cocastl.org. Print a copy to bring with you to your scheduled placement class. You will check in at the front desk. Front desk staff can print your placement form, if needed. You will provide the completed form to the instructor.

After the placement class, the instructor will provide feedback and a recommendation for course registration. Instructor recommendation for a class does not guarantee enrollment in that class. Enrollment is subject to availability.

NEW STUDENT INFORMATION

STUDENT NAME: _____

PREFERRED NAME: _____

MAIN CONTACT: PARENT/GUARDIAN IF UNDER 18 _____

DATE OF BIRTH: _____ FALL GRADE: _____ GENDER: _____ **EMAIL ADDRESS:** REQUIRED. RECEIPTS SENT VIA EMAIL TO THIS ADDRESS. _____

HOME TELEPHONE: INCLUDE AREA CODE _____ WORK: _____ CELL: _____ CELL PHONE PROVIDER: _____
() () ()

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

NAME OF STUDENT'S SCHOOL: _____ PARENT'S EMPLOYER: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP TO STUDENT: _____

HOME TELEPHONE: INCLUDE AREA CODE _____ WORK: _____ CELL: _____
() () ()

Release/Waiver: I agree to indemnify and hold COCA and its employees harmless from and against any and all claims for personal injuries or damages of any kind arising from participation in COCA's program(s). Further, I authorize COCA faculty and staff to seek emergency medical help for me or my student if necessary.

IMAGE CONSENT: I AGREE THAT COCA MAY USE THE ABOVE NAMED STUDENT'S IMAGE IN THE ROUTINE PROMOTION OF ITS CLASSES AND ACTIVITIES AND FOR OTHER NON-COMMERCIAL APPLICATIONS.

COVID-19 Waiver: I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/my student may be exposed to or infected by participation in COCA's in-person programming; and that such exposure or infection may result in personal injury, illness, disability, and death.

I voluntarily agree to assume all of the associated risks and accept sole responsibility for any injury to myself/my student (including, but not limited to, the aforementioned exposure risks or resulting expenses of any kind), that I/my student may experience or incur in connection with participation in COCA's in-person classes or camps, and hereby release, indemnify and hold harmless COCA, its employees and representatives, from Claims of any kind related to COVID-19.

I agree that I/my student will follow COCA's COVID-19 protocols listed at this link cocastl.org/campus-safety.

I have read and agree to all of the above policies, releases and consent.

STUDENT SIGNATURE: _____ Date: _____
(Parent/Guardian signature for students ages 17 & Under)

SCHEDULED PLACEMENT CLASS INFORMATION:

CLASS NAME: _____

CLASS CODE: _____ CLASS DATE & TIME: _____

INSTRUCTOR USE ONLY:

INSTRUCTOR NAME: _____ Instructor Signature & Date: _____

RECOMMENDATIONS/NOTES: _____

Office Use Only:

Artistic Director Signature/Date: _____

School Year: _____

Processed By/Date: _____