



PSOTA Application

Ages 9 & up

Name of Student _____ Age: _____ Date of Birth: _____

Print Name (Parent/Guardian if under 18) _____

Please tell us a little bit about yourself and your goals _____

What class are you interested in? _____

Address: _____

Email: _____

Cell _____ (Parent/Guardian if under 18) _____

Emergency Contact Name/Cell: _____

School or place of employment _____

WAIVER

Whenever there is dance or movement, there is a possibility of injury. All students must be respectful to others around them, and follow the teacher's instructions carefully to avoid injury. Parlisha's School of the Arts and instructors will not be held liable for accidents or injuries. We reserve the right to dismiss students for behavior we deem inappropriate. By signing below, you, and or your child(ren) understand this agreement, and will abide by the rules indicated.

Student's name Parent/Guardian's name if student is under 18 Date

Mail application to PSOTA P.O. Box 2376 Elk Grove, CA 95759
americasvwp.com psotaqueen2012@yahoo.com