

CALIFORNIA COLLEGE OF PHYSICAL ARTS, INC  
18582 BEACH BLVD, SUITE 11  
HUNTINGTON BEACH, CA 92648  
(714) 964-7744  
[www.calcopamassageschool.com](http://www.calcopamassageschool.com)

## ENROLLMENT APPLICATION

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Date: \_\_\_\_\_ Class Start Date: \_\_\_\_\_ Schedule: \_\_\_\_\_

### **PERSONAL DATA**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Type: \_\_\_\_\_ E-mail Address \_\_\_\_\_@\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Sex: \_\_\_\_\_ Veteran: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_

If asked, can you provide a birth certificate, alien registration receipt card or other proof of citizenship or permanent residency status:      Yes      No

Statistics: Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Housing: \_\_\_\_\_

Have you ever been convicted of a drug related offense?

Have you ever been convicted of a non-traffic crime?

If yes please describe:

**EMPLOYMENT DATA**

Present Employer: \_\_\_\_\_

Your Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**EDUCATIONAL DATA**

Select Highest Grade Completed:

Year completed: \_\_\_\_\_

**Please provide us with a copy of your GED or high school diploma.**

**CHARACTER REFERENCES**

Name of first Reference

Street address \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of second Reference

Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Phone Number

# **AUTHORIZATION TO RENDER EMERGENCY MEDICAL CARE**

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

I, \_\_\_\_\_, hereby authorize any licensed medical emergency team to administer treatment and/or transportation to a medical facility for further treatment by a licensed physician if a medical emergency arises while I am attending classes as a student at California College of Physical Arts, Inc

This medical emergency authorization is effective during my hours as a student at California College of Physical Arts, Inc and for my length of stay as a student.

All fees incurred for such emergency treatments or services will be my responsibility. The school is not responsible in any way for such fees. It is the school's responsibility to see that I obtain the fastest medical help in an emergency health crisis during my hours of study at California College of Physical Arts, Inc.

Emergency Contact Person: \_\_\_\_\_

Phone Number (H)\_\_\_\_\_ (W)\_\_\_\_\_

(C) \_\_\_\_\_

Insurance Information (if applicable)

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder:                      Name: \_\_\_\_\_  
    Address: \_\_\_\_\_  
    Phone: \_\_\_\_\_

The following questions are intended to ensure the safety of you and your fellow students, as well as the staff at CalCopa. Please take a moment to fill this information out and thank you for your cooperation.

Are you currently seeing a medical practitioner?

If yes, please explain:

Please list current medications, including aspirin, ibuprofen, etc., that you are taking:

Please describe any surgeries or accidents you have been involved in:

Are you presently experiencing any muscle-skeletal disorders including but not limited to tendonitis, arthritis, low back pain, etc

If yes, please explain:

Are you presently experiencing any circulatory disorders, including but not limited to heart conditions, high or low blood pressure, etc.?

If yes, please explain:

Are you currently receiving treatment for an infectious disease?

If yes, please explain:

Are you currently experiencing any skin disorders, including but not limited to rashes, allergies, etc

If yes, please explain:

Are you currently experiencing any other health problems not addressed by the above questions

If yes, please explain:

I have truthfully stated to the best of my knowledge all medical conditions that I am aware of and will update my instructor and/or administrators of any change in my condition.

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Applicant's Signature

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Date

California College of Physical Arts, Inc  
18582 Beach Blvd, Suite 11  
Huntington Beach, CA 92648  
(714) 964-7744  
[www.calcopa.com](http://www.calcopa.com)

NEW STUDENT QUESTIONNAIRE

For our information and to assist graduates and future students please complete this questionnaire.

Why did you choose California College of Physical Arts? (choose as many as apply)

Location

Scheduling Flexibility

Price of tuition

Curriculum/Courses offered

Instructors

Other please specify below.

How did you originally hear about our school?

Internet Search Engine (Please indicate which, if known.):

Google

Yahoo

MSN

Other

Yelp!

Phone Book

Referred by past graduate

Referred by Chiropractor/Physical Therapist/Acupuncturist

Walk in

Other, please specify below.



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**ENROLLMENT/ADMISSIONS DISCLOSURE FORM**

- I have received and read a copy of the California College of Physical Arts, Inc. school catalog effective \_\_\_\_\_ and have read and understood all policies and procedures. Asking for further explanation where applicable. (E.C. 943116.10)
- I have been shown the Notice of Cancellation form located in the back of the California College of Physical Arts, Inc. school catalog. (E.C. 94317.5)
- I have been shown the Notice of Student Rights and have received a copy for myself.
- I have been shown the College Policies in the California College of Physical Arts, Inc. school catalog, as well as read and initialed a copy in the admissions file.
- I have been shown the School Dress Code in the California College of Physical Arts, Inc. school catalog, as well as read and initialed a copy in the admissions file.
- I have been shown the Student Clinic Policies and Procedures in the California College of Physical Arts, Inc. school catalog, as well as read and initialed a copy in the admissions file. I do understand and accept that I will be required to perform 5 or more clinic massages for each 100-hour core massage training that I receive here at California College of Physical Arts, Inc.
- I have been shown the section detailing cancellation, withdrawals and refunds located in the California College of Physical Arts, Inc. school catalog.
- I have been given a tour of the facility. (E.C. 94312 (e))
- I have received and read a copy of my enrollment agreement prior to my signing the agreement. (E.C. 94316.10a.1)
- I have been advised that the course of instruction leads to an occupation or job title for which a state certification examination is required. (E.C. 94316.10 (E))
- I have been informed that there is a state certification issued for my occupation or job title, but that some employers require that I pass the National Board Certification test or city tests prior to being employed. And that the requirements for licensing in some cities is determined by that city and can vary.
- I understand that I will not be provided job placement by the administration and that the College does not guarantee employment, but that there is a student job board where I may attain information on current job listing and that it is my responsibility to follow through with this information. (E.C.94316.3)
- The College has not implied or expressed any claim about a salary which may be earned after completing the course of instruction. (E.C.94316.10 (a) (D))
- I understand that the California College of Physical Arts, Inc. is not a public institution. (E.C.94316.10 (5) (C))

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Admissions Signature

\_\_\_\_\_  
Date

# *California College of Physical Arts, Inc.*

| College Policies |  | Initial |
|------------------|--|---------|
| 1.               | EACH STUDENT MUST BE ABLE TO SPEAK, READ, WRITE, AND UNDERSTAND THE ENGLISH LANGUAGE.  |         |
| 2.               | THE STUDENT ACKNOWLEDGES RECEIPT OF THE CURRENT CATALOG, AND HAVING READ IT, AND UNDERSTANDING IT, AGREES TO ABIDE BY AND BE BOUND BY ITS TERMS. ALSO, CALCOPA WILL NOT BE RESPONSIBLE FOR ANY STATEMENT OF POLICY, PLACEMENT ACTIVITY, CURRICULUM, OR FACILITY THAT DOES NOT APPEAR IN THE SCHOOL CATALOG.  |         |
| 3.               | EACH STUDENT MUST PROVIDE, DURING HIS/HER COURSE, (2) PASSPORT SIZE PHOTOGRAPHS (2" X 2"). NO TRANSCRIPTS AND/OR CERTIFICATES WILL BE ISSUED WITHOUT THEM. THESE PHOTOS ARE AFFIXED TO THE OFFICIAL TRANSCRIPT THAT IS ISSUED AT THE COMPLETION OF A COURSE.   |         |
| 4.               | EACH STUDENT IS REQUIRED TO BRING HIS/HER OWN SUPPLIES, SUCH AS OIL, LINENS, AND COMFORTABLE CLOTHING. NO MINERAL OILS, WITCH HAZEL, OR PETROLEUM PRODUCTS ALLOWED. ALCOHOL IS NOT TO BE USED TO CLEAN THE MASSAGE TABLES. THESE ITEMS WILL BE REVIEWED IN DETAIL DURING ORIENTATION ON THE FIRST DAY OF CLASS.  |         |
| 5.               | GENERAL HOUSEKEEPING, PHYSICAL HYGIENE, AND PERSONAL HYGIENE ARE EMPHASIZED AND STRICTLY ENFORCED. EACH STUDENT WILL BE REQUIRED TO CLEAN MASSAGE TABLES, FURNITURE, EQUIPMENT, CLEAN UP AFTER THEMSELVES ETC., JUST AS HE/SHE WOULD AT HIS/HER JOB LOCATION.  |         |
| 6.               | THERE WILL BE PRACTICAL INSTRUCTION DURING EACH SESSION ATTENDED. GIVING AND RECEIVING MESSAGES IS MANDATORY, AND INSTRUCTIONAL STAFF MUST MAKE PHYSICAL CONTACT WITH THE STUDENTS AS PART OF THE INSTRUCTIONAL PROCESS. THOSE RECEIVING MESSAGES AS MODELS WILL GENERALLY BE REQUIRED TO DISROBE, AND WILL BE AT ALL TIMES COVERED BY CONVENTIONAL, PROFESSIONAL MASSAGE DRAPING PROCEDURES. WHEN WORKING ON CERTAIN PARTS OF THE BODY, (I.E.: AXILLARY, GLUTEUS, INGUINAL, PECTORALIS, SERRATUS, OR ADDUCTOR AREAS) OCCASIONAL UNINTENTIONAL CONTACT WITH BREASTS AND GENITALS COULD OCCUR. IT IS THE INTENTION OF CALCOPA TO MAKE STUDENTS FEEL AS COMFORTABLE AS POSSIBLE. ANY STUDENT, WHO MAY FEEL UNCOMFORTABLE FOR ANY REASON, IS ENCOURAGED TO INFORM THE INSTRUCTOR OR DIRECTOR <u>AT THAT TIME.</u> |         |
| 7.               | THE STUDENT IS ADVISED THAT IT IS THE POLICY OF THIS SCHOOL THAT NO STUDENT SHALL BE SUBJECT TO SEXUAL HARASSMENT. SEXUAL HARASSMENT IS DEFINED AS THE MAKING OF UNSOLICITED VERBAL OR PHYSICAL CONTACT WITH SEXUAL OVERTONES AND CONTINUING TO DO THIS AFTER BEING INFORMED, THAT THE INTEREST IS UNWELCOME. IF AT ANY TIME A STUDENT OF FACULTY MEMBER COMPROMISES ANOTHER STUDENT OR FACULTY MEMBER, THIS WILL BE GROUND FOR DISMISSAL.   |         |
| 8.               | THE STUDENT HEREBY AGREES TO HOLD HARMLESS AND INDEMNIFY CALCOPA, ITS AGENTS, PRINCIPLES, EMPLOYEES, SUCCESSORS, AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, DEBTS, CAUSE OF ACTION AND/OR LIABILITIES ARISING OUT OF OR IN CONNECTION WITH: 1) THE STUDENT'S ENROLLMENT IN ANY CALCOPA COURSE; 2) AVOCATIONAL CLASSES, SEMINARS, OR WORKSHOPS HELD BY INDEPENDENT PROMOTERS OR INSTRUCTORS WHO MAY OR MAY NOT SHARE THE SAME VIEWS, THEORIES, PHILOSOPHIES, TECHNIQUES, ETC. AS THOSE OF THE OWNER AND STAFF AT CALCOPA; OR 3) ANY AND ALL ACTIVITIES OF THE STUDENT WHILE EMPLOYED AS OR ACTING AS A PRACTITIONER OR MASSAGE THERAPIST.   |         |

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|-----|---|--|
| 9.  | IN CONSIDERATION OF THE STUDENT BEING PERMITTED TO PARTICIPATE IN STUDENT ACTIVITIES AND FIELD TRIPS UNDER THE AUSPICES OF CALCOPA, THE STUDENT AND PARTIES EXECUTING WITH THE STUDENT AUTHORIZED PARTICIPATION BY THE STUDENT AND RELEASE CALCOPA AND PARENT CORPORATIONS / AFFILIATES AND THEIR RESPECTIVE OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL RESPONSIBILITY FOR INJURY OR DAMAGE TO PERSON OR PROPERTY.  |  |
| 10. | THE STUDENT AGREES TO ABIDE BY THE RULES AND SCHEDULES SET BY CALCOPA AS OUTLINED IN THE SCHOOL CATALOG; COMPLETE ALL STUDY, CLASSROOM LESSONS, TESTS OR OTHER ASSIGNMENTS REQUIRED FOR GRADUATION; AND ATTEND ALL CLASSES AS SET FORTH BY THE SCHOOL CATALOG AND COURSE SYLLABUS.  |  |
| 11. | THE STUDENT AGREES TO PAY TUITION AND FEES WHEN DUE. THE STUDENT ALSO AGREES THAT TUITION MUST BE PAID IN FULL BEFORE CALCOPA WILL RELEASE ANY TRANSCRIPT, CERTIFICATE, OR OTHER EVIDENCE OR COURSE ATTENDANCE OR COMPLETION. ANY STUDENT WITH A DELINQUENT ACCOUNT WILL BE NOTIFIED. IF A STUDENT IS NOT CURRENT WITH THEIR PAYMENTS AT ANY TIME DURING THEIR CONTRACT, THE STUDENT WILL BE UNABLE TO CONTINUE WITH THEIR COURSE OF STUDY UNTIL PAYMENTS ARE BROUGHT CURRENT. IF AN ACCOUNT IS NOT PAID IN FULL WITHIN 30 DAYS FROM THE END OF THE CONTRACT PERIOD, THE ACCOUNT WILL BE CONSIDERED DELINQUENT AND A LATE CHARGE FEE WILL BE INCURRED. THE DELINQUENT ACCOUNT WILL BE CHARGED A LATE CHARGE FEE PER MONTH, UNTIL BALANCE IS PAID IN FULL. THE STUDENTS DELINQUENT ACCOUNT MAY ALSO BE TURNED OVER TO A COLLECTION AGENCY FOR RETRIBUTION AS WELL AS TO REFLECT ON THE STUDENTS CREDIT REPORT. |  |
| 12. | CALCOPA RESERVES THE RIGHT TO DISCONTINUE THE STUDENT'S TRAINING FOR UNSATISFACTORY PROGRESS, NON-PAYMENT OF TUITION OR FAILURE TO ABIDE BY CALCOPA RULES, POLICIES OR PROCEDURES, AT THE DISCRETION OF THE DIRECTOR AND/OR THE DEAN OF EDUCATION.  |  |
| 13. | GROUND FOR DISMISSAL INCLUDE THE USE OR POSSESSION OF ALCOHOL OR DRUGS ON THE PREMISES, FIGHTING OR BODILY THREATS TO OTHER STUDENTS STAFF MEMBERS, THEFT, CHEATING OR ANY BEHAVIOR THAT IS DEEMED DISRUPTIVE BY INSTRUCTOR OR MAY CREATE A SAFETY HAZARD.  |  |
| 14. | SATISFACTORY ACADEMIC PROGRESS OF EACH STUDENT WILL BE REVIEWED TWICE DURING EACH 100-HOUR PERIOD. THOSE STUDENTS NOT MEETING THE STANDARDS OF SATISFACTORY ACADEMIC PROGRESS AS PRESCRIBED IN THE SCHOOL CATALOG WILL BE NOTIFIED IN WRITING.  |  |
| 15. | INFORMATION CONCERNING (A) POST-SECONDARY TRAINING COMPLETED IN ANOTHER SCHOOL, (B) PREVIOUS OCCUPATIONAL EXPERIENCE, OR (C) OTHER SCHOOLS WHICH MAY ACCEPT OUR CREDITS TOWARDS THEIR PROGRAMS, CAN BE OBTAINED BY CONTACTING THE OFFICE OF THE ADMINISTRATOR. IT SHOULD NOT BE ASSUMED THAT ANY PREVIOUS TRAINING OR OCCUPATIONAL EXPERIENCE CAN BE USED TOWARD CREDIT IN CALCOPA COURSES OR PROGRAMS, NOR THAT COURSES OR PROGRAMS DESCRIBED IN THE CATALOG CAN BE TRANSFERRED TO ANOTHER INSTITUTION. ANY DECISION ON THE COMPARABILITY, APPROPRIATENESS, AND APPLICABILITY OF CREDITS AND WHETHER THEY SHOULD BE ACCEPTED IS THE DECISION OF THE RECEIVING INSTITUTION.   |  |
| 16. | THE STUDENT WILL BE GIVEN APPROPRIATE CREDIT IF, IN THE SOLE DISCRETION OF CALCOPA, SUCH TRAINING OR EXPERIENCE MEETS THE CRITERIA TO MEASURE REQUIREMENT SATISFACTION. CALCOPA DOES NOT GUARANTEE THE TRANSFERABILITY OF CREDITS TO ANY COLLEGE, UNIVERSITY, OR INSTITUTION.   |  |
| 17. | THE STUDENT ACKNOWLEDGES THAT HE/SHE IS AWARE THAT SOME MUNICIPALITIES, COUNTIES OR OTHER ENTITIES MAY REQUIRE SUCCESSFUL COMPLETION OF FURTHER TESTING AS A PREREQUISITE IN OBTAINING A LICENSE FOR PURPOSE OF EMPLOYMENT IN THE FIELD OF MASSAGE OR RELATED FIELDS.   |  |



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| 18. | <p>FREEDOM OF INFORMATION ACT -</p> <p>a. "IN COMPLIANCE OF PUBLIC LAW 93-380, SECTION 438 (BUCKLEY AMENDMENT), I HEREBY GIVE MY PERMISSION TO CALIFORNIA COLLEGE OF PHYSICAL ARTS TO DISCLOSE OR SEND THE CONTENTS OF MY PERSONAL FILE, WHICH INCLUDES RESUME, REFERENCE CHECKS, AND INSTRUCTOR EVALUATION TO EMPLOYERS FOR THEIR REFERENCE. THIS MAY BE EXECUTED WITHOUT CONTACTING ME. I UNDERSTAND THE FILE WILL BE SENT ONLY TO ASSIST IN FINDING A JOB."</p>   |  |
| 19. | <p>SHOULD ANY LEGAL ACTION BE NECESSARY TO ENFORCE OR INTERPRET THE TERMS OF THIS AGREEMENT OR TO COLLECT ANY SUMS DUE UNDER THIS AGREEMENT AND/OR ANY ADDENDUM HERETO THE PREVAILING PARTY SHALL BE ENTITLED TO RECOVER REASONABLE ATTORNEY'S FEES IN ADDITION TO ANY AND ALL OTHER REMEDIES AVAILABLE AT LAW OR EQUITY.</p>  |  |
| 20. | <p>STUDENT IS TO INFORM ADMINISTRATOR AND/OR INSTRUCTOR IF NEEDED, OF ANY EXISTING MEDICAL CONDITIONS, AILMENTS, OR MEDICATION PRESCRIBED, OR OVER THE COUNTER MEDICATIONS/DRUGS THE STUDENT IS TAKING OR RECENTLY TAKEN. THIS INFORMATION MUST BE GIVEN ON THE "EMERGENCY MEDICAL CARE " FORM DURING THE TIME OF ENROLLMENT.</p>  |  |
| 21. | <p>STUDENT ACKNOWLEDGES THAT THERE MAY BE BREAKS IN THE SCHEDULED CORE CLASSES DUE TO LOW ENROLLMENT OR AVAILABILITY OF TEACHERS. THE ADMINISTRATION WILL TRY TO SCHEDULE CORE ELECTIVES IN ORDER TO ALLOW STUDENTS TO CONTINUE WITH THEIR EDUCATION UNTIL ANOTHER CORE CLASS CAN BE SCHEDULED AND FILLED. THE SCHOOL HAS DISCRETION ON SCHEDULING CORE CLASSES OR CORE ELECTIVES.</p>   |  |
| 22. | <p>STUDENTS NEED TO BE ADVISED THAT ANY DISCOUNT IN THE PRICING OF A COMPLETE PACKAGE IS ONLY APPLICABLE WITH THE INITIAL SIGNING OF PROGRAM CONTRACT.</p>   |  |
| 23. | <p>DRESS CODE AT CALCOPA - STUDENTS WILL MAINTAIN A PROFESSIONAL LOOK AND BEHAVIOR DURING THEIR HOURS AT CALCOPA. STUDENTS MAY WEAR COMFORTABLE CLOTHES BUT SHOULD NOT WEAR ANY ARTICLE OF CLOTHING THAT IS SUGGESTIVE IN ANY WAY (I.E., BARE MIDRIFTS, LOW CUT TOPS OR HALTER TOPS, SHORT SHORTS OR SKIRTS) THE TEACHER MAY REQUIRE YOU TO RETURN HOME TO CHANGE IF THEY DEEM YOUR DRESS TO BE INAPPROPRIATE. THIS IS ESPECIALLY TRUE DURING THE FINAL PRACTICAL WHERE INAPPROPRIATE DRESS MAY DETRACT FROM YOUR GRADE.</p> |  |

Student Signature \_\_\_\_\_

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



Associated Bodywork & Massage Professionals  
**Student Membership Application**  
Incomplete applications cannot be processed. Please print in blue or black ink.

1271 Sugarbush Drive  
Evergreen, CO 80439-9766  
[www.abmp.com](http://www.abmp.com)  
[expectmore@abmp.com](mailto:expectmore@abmp.com)  
800-458-2267 \* fax 800-667-8260

**ABMP**

PERSONAL INFORMATION

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Type: Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  month            day            year

Gender

E-mail \_\_\_\_\_ @ \_\_\_\_\_