Student ID:

CALCOPA MASSAGE SCHOOL

18582 BEACH BLVD, SUITE 11
HUNTINGTON BEACH, CA 92648
(714) 964-7744
www.calcopamassageschool.com

ENROLLMENT APPLICATION

Date:

PERSONAL DATA

Name: Last First Middle

Street Address

City State Zip Code

Primary Phone Number Type

Secondary Phone Number Type

@

E-mail Address

Date of Birth: Age: Birthplace:

Sex/Gender: Veteran: Ethnicity:

Shirt Size:

Citizenship Status: US Citizen/National ☐ Permanent Resident ☐ Other ☐ (Specify)

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

Social Security #: XXX-XX- Alien Reg. #: XX

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? Yes ☐ No ☐

Have you ever been convicted of a non-traffic crime? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐

If you replied "Yes" to either of the above, please describe below.

Present Employer:

Your Position: Length of Employment:

Address:

Phone Number:

EDUCATIONAL DATA

High School Graduate: ☐ Yes, I have a High School Diploma Graduation Date:

☐ No, but I passed the GED/HS equivalency Date:

Circle Highest Grade Completed:

Last High School Attended: City State:

Please provide a copy of diploma or GED/HS equivalency. Required for Federal Financial Aid

CHARACTER REFERENCES

Name

Street Address City State Zip

Phone Number

Name

Street Address City State Zip

Phone Number

AUTHORIZATION TO RENDER EMERGENCY MEDICAL CARE

Date: _____

I, (name) _____ 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: _____ Type: _____

Insurance Information: (if applicable) _____

Insurance Company: _____

Address: _____

Type of Coverage: _____

Policy Number: _____

Policy Holder: _____ Name/Relationship: _____

Address: _____

Phone: _____ Type: Mobile ☐ Home ☐ Work ☐ Other ☐

The following questions are intended to ensure the safety of you and your fellow students, as well as the staff at CalCopa. Thank you for your cooperation.

Are you currently seeing a medical practitioner? Yes ☐ No ☐
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.? Yes ☐ No ☐ If yes, please explain:

Are you presently experiencing any circulatory disorders, including but not limited to heart conditions, high or low blood pressure, etc.? Yes ☐ No ☐ If yes, please explain:

Are you currently receiving treatment for an infectious disease? Yes ☐ No ☐ If yes, please explain:

Are you currently experiencing any skin disorders, including but not limited to rashes, allergies, etc.?
Yes ☐ No ☐ If yes, please explain:

Have you ever been diagnosed with cancer?
Yes ☐ No ☐ If yes, please explain:

Are you currently experiencing any other health or mental health problems not addressed by the previous questions?
Yes ☐ No ☐ 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.

Applicant's Signature Date

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Huntington Beach, CA 92648
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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)

_____

How did you originally hear about our school?

- ☐ Internet Search Engine (Please indicate which, if known):
  - ☐ Google ☐ Yahoo ☐ MSN ☐ Other
- ☐ Yelp!
- ☐ Referred by past graduate
- ☐ Referred by Chiropractor/Physical Therapist
- ☐ (Name) _____
- ☐ Walk in
- ☐ Other - (please specify)
- ☐ _____

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18582 Beach Blvd, Suite 11
Huntington Beach, CA 92648
714.964.7744
CAMTC #SCH0121
www.calcopamassageschool.com

STUDENT PHOTO RELEASE FORM

I (name), _____, an employee/student of CalCopa Massage School, my permission to its legal representatives and assigns, those for my school is acting, and those acting with its permission, or its employees and students, the permission to take photographs of me and use them for any legal purpose.

I understand that I will not be paid for these photographs and have no rights to them. I am participating as a volunteer. I hereby waive any right to inspect or approve the finished photograph or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied. I release my employer/school, its officers, employees and agents, from any and all claims of harm and liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise which may occur from making, showing, using or distributing these photographs/video.

I HAVE READ THIS RELEASE AND CONSENT FORM AND I:

☐ AGREE TO ITS TERMS AND ALLOW THE USE OF MY IMAGE.

☐ DO NOT APPROVE OF THE USE OF MY IMAGE.

SIGNATURE	PRINTED NAME	DATE

WITNESS SIGNATURE	PRINTED NAME	DATE

ENROLLMENT/ADMISSIONS DISCLOSURE FORM

- I have received and read a copy of the California College of Physical Arts, Inc. school catalog effective January 1, 2025, 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 given the "Students Bill of Rights" provided by the CA Department of Consumer Affairs. (E.C. 94316.20)
- 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 given the Institutional Performance Fact Sheet and initialed a copy for my admissions file.
- I have been shown the Student Clinic Policies and Procedures in the California College of Physical Arts, Inc. school catalog. 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 does not lead to an occupation or job title for which a state license examination is required. (E.C. 94316.10 (E))
- I have been informed that there is California state massage license and I may apply for that license after completion of 500 hours. I also understand that some employers will desire or require training above or beyond that level for hiring.
- 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 obtain 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))

_____ _____

Applicant's Signature Date

_____ _____

Witness's Signature Date

CalCopa Massage School

College Policies

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 a passport size photographs (2" x 2"). These will be taken for the student in the administration office, or by your instructor within your first class. 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. (such as emptying the trashcans), just as he/she would at his/her job location.

6. There will be practical instruction during each session attended. **Giving and receiving massages is mandatory** and instructional staff must make physical contact with the students as part of the instructional process. Those receiving massages 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, (for example: 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 at that time.

7. CalCopa has a zero-tolerance policy of sexual harassment. All students and staff are responsible for creating a learning environment that is free of discrimination and harassment, including sexual harassment Comments of a sexual nature, use of profanity with sexual inferences, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature can constitute sexual harassment when it infers "quid pro quo" for academic or disciplinary decisions or if it creates an environment that a reasonable person would perceive as intimidating, hostile, or offensive. If, at any time, a student or faculty member compromises another student or faculty member, this will be grounds for dismissal.

8. To ensure a safe environment, CalCopa has a clearly defined and demonstrated procedure for draping fellow classmates during lab and for draping the public in Student Clinic. Students will cover the client (whether it be in class, or clinic) with sheets, towels, and blankets to provide warmth, comfort, and modesty. Genital areas and female breasts are always covered. Students may wear undergarments during lab to feel more secure. Instructors will work individually with any student requiring extra practice with draping skills.

9. 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) vocational 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.

10. In consideration of the student being permitted to participate in student activities and field trips under the assistance 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.

11. 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, clinics, outside interviews, externships or other assignments required for graduation by the administration or teacher; and attend all classes as set forth by the school catalog and course syllabus.

12. 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 fee charge will be incurred. The delinquent account will be charged a late fee per month, until balance is paid in full. The student's delinquent account may also be turned over to a collection agency for retribution as well as to reflect on the student's credit report.

13. 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.

14. Grounds for dismissal include the use or possession of alcohol or drugs on the premises, fighting or bodily threats to other students or staff members, theft, cheating or any behavior that is deemed disruptive by instructor or may create a safety hazard.

15. The 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.

16. 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, or those 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.

17. 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.

18. The student acknowledges that he/she is aware that some states (other than California) or other entities may require successful completion of further testing or education as a prerequisite for licensing or for the purpose of employment in the field of massage or related field.

19. FREEDOM OF INFORMATION ACT –
    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.

20. 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 fees in addition to any and all other remedies available at law or equity.

21. Students are to inform the administrator and/or instructors 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.

22. Students acknowledge 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.

23. 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.

24. 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. 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. (See below for more information)

_____ _____

Applicant's Signature Date

Student ID: _____

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(All classes are held at this address)
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ENROLLMENT AGREEMENT CAMTC ADDENDUM

Student _____ Date of Birth _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code sections 4600 et. seq.

A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the California Massage Therapy Council at: One Capitol Mall, Suite 320, Sacramento, CA 95814, www.camtc.org, phone (916) 669-5336, or fax (916) 669-5337.

☐ Check here if a payment plan has been created (see attached).

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Student Signature: _____ Date: _____

This agreement is not operative until the student makes and initial visit to the institutions and receives a thorough tour of the facilities.

Student Signature: _____ Date: _____

ACKOWLEDGED AND ACCEPTED:

_____ Date: _____
Signature & Title of Institution Official