

Belly Dance Registration Form

Instructor: Sacha Begg

Name: _____ Phone: _____

Address: _____

Email Address: _____

Do you have any previous Belly Dance experience? Yes/No

If yes, where, with whom? _____

What style and for how long? _____

Which class are you registered for? _____

What are your expectations or goals for this class? _____

How did you hear about Belly Dance classes with Sacha? _____

Do you have any of the following conditions?

Arthritis – Yes No If yes, is it rheumatoid or osteo?

Heart Disease - Yes No

High/Low Blood Pressure – Yes No

Diabetes – Yes No Hypoglycemia – Yes No

Epilepsy – Yes No

Fibromyalgia – Yes No

Asthma – Yes No

Allergies – Yes No If yes, do you require epinephrine? – Yes No

Are you pregnant? – Yes No Are you nursing? – Yes No

Previous injuries or surgeries? – Yes No If yes, please give details

Previous or current pain or discomfort (if yes, in what movements or positions)? -

Yes No _____

Are you taking any medication? If yes, please list. – Yes No

Other conditions (please specify)? _____

I am checking here to indicate that I would like to be added to Belly Dance and Drum's mailing list, and receive monthly updates on classes, workshops, and other events.

Disclaimer: I agree that I am participating in Belly Dance classes under my own responsibility and I will not hold Sacha Begg, her agent(s), representative(s), studio owner(s) liable for any damage, injury or misfortune that may occur. I understand that it is my responsibility to consult a health care practitioner regarding my ability to participate in Belly Dance classes, before taking part in these classes. Participants under the age of 16 must have parental or guardian consent and signature. I also understand that there are no refunds on class fees! Special situations may be discussed with Sacha Begg.

Participant's Signature _____ Date: _____

Guardian's Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____