



Where Dance and Wellness Meet

## REGISTRATION FORM

DATE: \_\_\_\_\_ Birthdate (mo/day): \_\_\_\_\_

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Emergency Contact:

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any previous Dance/Fitness Experience? If so, what type and for how long?

\_\_\_\_\_

What are your goals in taking Bellydance? (Hobby, workout, new experience, training to Become a Professional performer/Instructor, improving technique, meeting friends, etc?)

\_\_\_\_\_

Do you have any type of Medical History which might be adversely affected by dance/fitness?

\_\_\_\_\_

How did you hear about us? If someone referred you to our Studio, please provide name info: \_\_\_\_\_

**Disclaimer:** I understand that I will indemnify, defend and hold Bellywood Studios and all of its Employees and Instructors harmless from any claim, action, liability or costs out of my use of any portion of the property including the premises, common areas and facilities and for injuries sustained during classes. I Authorize Bellywood Studios to use My photographic image, video recording, digital image without restrictions of any kind, for promotional use only. All Classes and Class Packages are **NON-REFUNDABLE.**

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

\* To be signed by parent/guardian if student is under 18yrs old

[www.bellywoodstudios.com](http://www.bellywoodstudios.com)