

Jeweled Scarab Dance Company

Bellydance Instruction Registration/Release Form

STUDENT NAME: _____

STUDENT AGE (IF UNDER 18): _____

PARENT NAME (IF APPLICABLE) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____ ALT. PHONE#: _____

EMAIL ADDRESS: _____

Emergency Contact: _____

Phone#: _____ Alt. Phone#: _____

Medical Info (allergies, medical conditions, medications; if none, please write "NONE"): _____

Doctor's Name: _____ Phone#: _____

I, _____, hereby forever release Jeweled Scarab Dance Company, Dance Explosion, and all associated instructors and/or staff from any and all responsibilities and/or liabilities incurred for any injuries or pre-existing medical conditions in association with any level of bellydance instruction classes, practices, or workshops held at Dance Explosion or performances held in conjunction with Jeweled Scarab Dance Company and/or Dance Explosion. I furthermore understand that these classes may be photographed and/or videotaped for promotional matters, and agree to said photography and/or videotaping as a condition of my participation and release all interest in such media. I understand that payment is due upon registration of classes or at the time of the first class session. Registration fees are non-refundable. If registration fees are not paid by the second class session, a \$10 late fee will be applied to the total due. All returned checks are subject to a \$25.00 service charge.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____
(IF APPLICABLE)

DATE: _____