

Desert Beats Belly Dance 2020 Fall Registration

All classes held at VIBE XYE - 110 Wellman Crescent, Stonebridge

First Name: _____ Last Name: _____

Email Address: _____ Phone: _____

Check the 2020 Fall classes you would like to register for:

Monday

- Intermediate to Advanced Belly Dance 7:00 – 8:15 pm
 Intermediate to Advanced FCBD® 8:15 – 9:30 pm

Thursday

- Beginner Belly Dance 7:30 – 8:20 pm
 Fusion Belly Dance 8:30 – 9:30 pm

Cost: Beginner/Fusion Belly Dance \$150 for session

Advanced Belly Dance/Fat Chance Belly Dance® \$175 each session or \$300 for both

Payment: e-transfer to Victoria Morris (for Monday) or Anastasia Vander Most (for Thursday). Please contact if need to use other payment options.

Health concerns: (please inform the instructor if something has occurred that will affect your practice. Circle below injuries that consistently cause you concern.)

Lt/Rt Knee, Lower Back, Lt/Rt Shoulder, Upper Back, Neck, Cannot go on toes, Not able to spin, Cannot go down on knees, Difficult to hold arms above my shoulders, Food allergies (snacks may be consumed between classes, therefore is necessary to know if you have food triggers) Other
(explain) _____

Do you exercise (please circle one): Regularly Occasionally Never
Dance experience (circle one): Beginner 1 to 2 years 3 years or over

Emergency Contact

Name/relationship: _____

Emergency Contact Number: _____

I hereby release and hold harmless Anastasia Vander Most, Victoria Morris, Desert Beats, VIBE XYE, any other teacher and fellow participants from any liability with respect to injury to me or my property arising out of or connected with my participation in dance classes taught by Desert Beats Belly Dance, at VIBE XYE. I understand that I will be engaging in physical activity which could, if not undertaken in a reasonable and responsible manner relative to my physical conditioning, result in personal injury.

By signing this registration form I understand that a mask is to be worn to attend class and that if I am experiencing any COVID-like symptoms or have been in contact with anyone who has COVID will not come to class.

Participant Signature: _____

Date: _____

Payment Amount: _____ Payment Method: _____