



Class Registration Form

Name:	_____
Address:	_____
City/Town:	_____
Postal Code:	_____
Day Phone:	_____
Evening Phone:	_____
Email:	_____
Class Selection: (check one)	<input type="checkbox"/> Beginners
	<input type="checkbox"/> Continuing
	<input type="checkbox"/> Intermediate
	<input type="checkbox"/> Advanced
Start Date:	_____
Time:	_____

Waiver

I (print name) _____ have read and understand the above information. I am of able body and sound mind, and understand that belly dancing is a strenuous physical activity. I take full responsibility for my own health and welfare as a participant in this class. I assume all risks and hazards incidental to my participation in Shelimah/Diane Bangerter's Classes, and do hereby waive, release, absolve, indemnify and hold harmless Shelimah/Diane Bangerter for any claim arising out of any injury to myself (or others) or personal loss.

Date: _____ Signature: _____

Privacy Statement

All information on this Registration Form is strictly confidential and for the sole purpose of teacher information.