

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, Auburn Dance Academy/Levitation Dance Academy, 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 any Auburn Dance Academy location or performances held in conjunction with Jeweled Scarab Dance Company and/or Auburn Dance Academy. 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: _____