



REGISTRATION FORM

Intermediate Course

www.helenabellydancer.com

Name: _____
Address: _____
Postcode: _____
Tel number: _____
Email: _____

**In the unlikely event of an emergency please contact:
on:**

Fit to dance

A belly dance class will involve being on your feet for the duration of the class and movement of the whole body, including stretching, dynamic movements, spinning and some high level aerobic activity. Do you have or have you had any of the following?

(Please circle any that apply)

<ul style="list-style-type: none">• Any heart condition?• High blood pressure?• Epilepsy?• Dizziness/fainting?• Muscular pain:• Diabetes?• Chronic Fatigue/ME?• Arthritis?• Asthma?	<ul style="list-style-type: none">• Pain or injuries to the neck, back, ankles or pelvic area/abdomen?• A disability or chronic medical condition?• Are you pregnant?• Do you have any other illness or condition that requires you to take medication or that may affect your ability to exercise/dance?
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If you answered 'yes' to any of the above, please seek medical advice before starting the course. In some instances Helena may require written approval from your Doctor.

In any exercise class is important to be responsible for your own safety and to ensure you do not endanger the safety of other class members.

Please sign below to show you agree to the following statement:

I am aware that belly dance can be a strenuous activity. I have answered the questions about my health to the best of my ability and am aware that I should check with my doctor before starting this course if I have an injury, illness or condition that may limit my ability to dance, or be exacerbated by dance/exercise.

I recognise that the teacher is not able to give me medical advice and that any information I give her about my fitness or medical condition will only be used as a guide to the limits of my ability to dance. I undertake to advise the teacher if any issue arises during the course which may affect my ability to dance.

I will respect the teacher and the other members of my class and ensure my behaviour does not put myself or other students in danger. I will take responsibility for my own wellbeing during class. I will be responsible for wearing appropriate clothing and footwear during class and, if I arrive late/leave early/take extended breaks, I will be responsible for my own warm up/cool down and stretching to avoid injury. I will not chew gum in class or drink alcohol or take non-prescribed drugs before classes.

Signed _____

Date _____

Please return this completed form along with payment to Helena: 22 Moss Lea Churwell Leeds LS27 7PR. Cheques should be made out to "Helen Rix". You can also pay via Paypal using the email address helena@helenabellydancer.com

PLEASE NOTE:

Bookings are non-refundable if you cancel with less than 14 days to go before the start of the course unless your place can be filled by someone else. It may be possible to defer your course - please contact Helena.

Bookings should be received no later than one week prior to the start of the course. Note that your booking is not confirmed until payment is received. Please book early to avoid disappointment.

- Call Helena on 07974 770867 or email helena@helenabellydancer.com with any queries

Office Use only: Payment received on:
 Payment made via:
 Cash – Paypal – Cheque – Bank Transfer - Other