

Important Please Read

Belly Dance Elements promotes safe dancing, this means always attend your warm up at the beginning of the class, dance and within your normal range of movement.

If you are a new student to Belly dance Elements please keep at your own pace and level and if you are completely new to an active form of fitness, take it very carefully.

The instructor will give options for any difficult movements – choose the easier when you start.

Soft slip resistance shoes are advised (Not Trainers). Always STOP if something hurts and notify the instructor.

Please use your own discretion when attending a belly dance class or workshop.

If you have any illness, ailments, or injuries, please always check if it is safe to take up Belly Dancing with your Doctor before attending a class/workshop.

Always inform your instructor of any effecting problems at the beginning of the class.

Registration Form

Please answer the following questions:-

Title.....First Names.....Surname.....
 Address.....
Postcode.....
 Tel Email.....
 Date of Birth..... Sex F/M
 Person to be contacted in case of emergency-
 Name.....Telephone No.....
 Relationship.....

Do you have, or have you ever suffered from any of the following? (Please circle as appropriate)

- Any Heart condition
- High Blood Pressure
- Epilepsy
- Diabetes
- Reoccurring Dizziness or Fainting

Are you taking prescribed medication? Yes/No
 Are you pregnant Yes/No

If you answered "Yes" to any of the above questions, it is recommended that you seek medical advice before starting your classes.

Do you have or have you had? (Please circle as appropriate)

- Arthritis
- Asthma
- Recent Muscular Pain

If you answered "Yes" to any of the above questions, it is recommended that you discuss with the teacher.

Participation Agreement

I recognise that the teacher is NOT able to provide me with any medical advice, with regards to my medical fitness, and that this information is only to be used as a guideline to the limitations of my ability to partake in a class/workshop. I have answered the questions to the best of my knowledge, and I understand the above advice. I also undertake to advise the teacher if any medical condition develops which might affect my ability to take part.

Signed.....Date.....

Please let us know where you heard about this Belly Dance Elements class below:

Official Use only v1.0	Ref:	Other:
Date processed:	Class/ Workshop /other	Medical code: