TO BE FILLED OUT BY Payment Receipt # Picture Taken Payment Record Sheetin Book OFFICE PERSONNEL ONLY Entered into Database		
REGISTRATION DATE BIRTHDATE (month & day) Please Print:	* ST R DANCER STUDIO ***	CLASS BELLY DANCE Adult Child
NAME		
ADDRESS		ZIP
	CELL	
	EXT EMAIL	
Have you ever taken or taught Dance or Exercise Classes before? If so, what type, where, and for how long		
Do you have a medical history of any problems which might be adversely affected by dance or exercise?If so, please explain		
I understand that I will indemnify, defend and hold Isis, the Isis Studios and other teachers harmless from any claim, action, liability or costs out of my use of any portion of the property including the premises, common areas and facilities and for injuries sustained during classes.		
I understand that make-up classes are available for missed classes and these missed classes may not be used in lieu of monthly payments. Monthly fees will not be prorated for missed classes. Missed classes must be made up that month or the following month only.		
SIGNATURE	DATE SIGNED	Isis
following Denton Arts & Jazz	s through: Scarborough Mayfest Newspaper Restaurant	Instructor/Artistic Director/ Choreographer/Entertainer, Editor THE BELLY DANCE CHRONICLES Magazine