TO BE FILLED OUT BY Payment Receipt # Picture Taken Payment Record Sheet in Book OFFICE PERSONNEL ONLY Entered into Database	
REGISTRATION  DATE BIRTHDATE (month & day)  REGISTRATION  ST	CLASS  BELLY DANCE Adult Child
Please Print:	TIME OF CLASS
NAME	
ADDRESS	
CITY	ZIP
HOME PHONE CELL	
BUSINESS PHONEEXT 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 exercize?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 SIGNE	ISIS
Thank you for answering the following questions!  Did you hear about classes through: Scarborough  Mayfest  Denton Arts & Jazz  Newspaper  Restaurant Phone Book  Other	Instructor/Artistic Director/ Choreographer/Entertainer, Editor THE BELLY DANCE CHRONICLES Magazine