

# Egyptian Dance with NICOLA

## REGISTRATION FALL 2018

[www.nicola-bellydance.com](http://www.nicola-bellydance.com) E: <[nicolaraks@mymts.net](mailto:nicolaraks@mymts.net)>

PH: 204.957.7520

Mail: 41 Cathedral Avenue, Winnipeg, R2W 0W6

text: 204.330.0913

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### REGISTRATION = SIGNED FORM + PAYMENT.

\*Print, sign, and hand in to Nicola before class #1 if paying by cheque or money order, or in first class if paying in advance by Paypal or E-transfer. E-transfer is preferred method.

\*Please read the class descriptions at the above website. The website listings have all vital information regarding content, supplies, and levels. It's for your benefit.

\*This form is your consent AND commitment to respect Class Policies. These are in the **Policies & Guidelines** document downloadable from [www.nicola-bellydance.com](http://www.nicola-bellydance.com). There are important new updates.

\*There are NO refunds once session starts. Refunds before sessions starts are subject to \$10 admin fee. Medical/family emergencies may qualify for credits useable in later sessions, if arranged ASAP with Nicola.

\*To "try out" a class/ level, pay the drop-in rate, and if you register for session, your drop-in fee will be applied to your total sessional tuition. Those with prior training may do this at any point in session.

\* Late/partial registrations accepted--*space permitting*.

**\*Drop-ins by cash (exact change please) or prepayment-- etransfer or Paypal by 6 pm, day-of.**

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## PART I: CONTACT INFORMATION

Returning students-- fill out once per calendar year.

**Please print clearly and fill in completely:**

LEGAL NAME: \_\_\_\_\_

NAME OF CHILD REGISTRANT (if applicable): \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**\*\*EMERGENCY CONTACT** -- name & phone number: \_\_\_\_\_

\*How did you find out about Nicola's classes? \_\_\_\_\_

NEW STUDENTS: If you were referred, whom may Nicola thank? \_\_\_\_\_

(Students who are named for such referrals receive thank-you gifts from Nicola.)

Please provide of a summary of any prior dance experience you have, including your teachers:

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### HEALTH CONSIDERATIONS:

-asthma, allergies, heart condition, migraine, pain, arthritis, injury, pregnancy/post-partum, etc. ? **PLEASE SPECIFY:**

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\*DO YOU REQUIRE MEDICATION for any acute/urgent HEALTH ISSUES? (inhaler, Epipen) \_\_\_\_\_ If yes, what, and where will you be keeping it?

Will you require assistance? \_\_\_\_\_

\*DO HAVE A HEART or LUNG CONDITION? \_\_\_\_\_

If **YES**, HAVE YOU COMPLETED A **PAR-Q** FORM WITH YOUR DOCTOR? \_\_\_\_\_

-Please bring a copy to class. If no, please see your doctor first and complete the form prior to participation.

\*Have you had abdominal, lower body, or facial/head surgery, broken bones, tendon or cartilage injury within 8 weeks of start date? \_\_\_\_\_ \*\*You're advised NOT to dance.

DETAILS: \_\_\_\_\_

\*ARE YOU PREGNANT? \_\_\_\_\_ If **YES**, HAVE YOU COMPLETED A **PAR-MED-X** FORM WITH YOUR DOCTOR OR MIDWIFE? \_\_\_\_\_ Please bring a copy to class.

\*\*Nicola does NOT recommend this class if you do NOT have prior dance experience.

Please discuss with your health care provider, and complete a PAR-MED-X prior to registering. This is in keeping with MB Fitness Council's Code of Ethics for instructors.

**NO dance form is "safe" for pregnancy--there are risks.**

Few healthcare practitioners have actual, practical experience with dance, and may advise based on assumptions. There have been no systematic or scientific evaluations done of the safety or efficacy of bellydance during pregnancy.

**Disclosure of personal health information is by your consent and choice.**

**Please understand that if you decline to inform Nicola of an issue that may contribute to an injury or health incident, the consequences are yours to bear.**

Forms are kept as long as you're registered, and are CONFIDENTIAL. Your information is never shared or sold. Once you're absent for a term, your form is shredded.

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### PART 2:

### WAIVER/AGREEMENT--READ, INITIAL, & SIGN :

(print) I, \_\_\_\_\_, personally  
and/or on behalf of (print name of any child(ren)/minors)

\_\_\_\_\_,  
have read, understand and agree to all payment and registration policies.

#### **( INITIAL EACH POINT below...)**

\_\_\_\_\_ I have read and understand Nicola's Class Policies & Guidelines from  
<[www.nicola-bellydance.com](http://www.nicola-bellydance.com)>, under "Classes".

\_\_\_\_\_ I understand that dance involves repetitive movement, effort, and is a form of  
exercise. I understand that this can lead to strain and other injuries. I will monitor my  
own comfort and safety level and accept that I am ultimately responsible for my conduct  
and the health consequences. I will apply Nicola's suggestions and recommendations for  
technique to the best of my ability.

\_\_\_\_\_ I understand that disruptive and/or disrespectful behaviour towards Nicola or anyone  
in class will result in my dismissal from classes, with no refund.

**I hereby remiss, release, and forever discharge Nicola (Nicole Tresoor) of  
and from all matter of actions, cause of action, claims or demands which,  
against the releasee, the releasor ever had, now has, or can, shall or may  
here ever after have, for or by reason of loss of whatsoever kind or nature  
resulting from loss, damage, or injury to person or property or both and  
arising out of the releasor's enrollment in Nicola's classes.**

**Witness the hand and seal of the releasor this \_\_\_\_\_(date) day of  
\_\_\_\_\_ (month), 20\_\_, at the City of Winnipeg, in the province of  
Manitoba.**

**Signed and delivered in the presence of :**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Signature of WITNESS**

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<b>Class Choice(s):</b>	<b>AMOUNT:</b>
<p><b>WEDNESDAYS</b>    LEVEL 3    TECHNIQUE &amp; CHOREO            7:30-9:30 pm    START Sept. 25    11 classes/11 or 22 hrs  <b>NO CLASS OCT. 31</b></p> <p>_____ full session 275.            late/partial: 22. x _____ classes</p> <p>7:30-8:30    TECHNIQUE only    11 hours total            _____ session 165.            late/partial 17. x _____ classes            drop-ins:    20.            date(s) : _____</p>	
<p><b>Payment method:</b> _____ e-transfer    _____ Paypal                                             _____ cheque    _____ cash                                             (cheques made to N.Tresoor)</p> <p><b><u>PAYMENT PLAN</u></b>            first payment = _____ (min. 50% of total – session registration only)            # of enclosed, post-dated cheques: _____ (max. 3)</p>	
<b>SUBTOTAL:</b>	_____
<b>LESS:</b> Discounts, gift certificates, or credits (please attach coupon/gift certificate)	_____
<b>TOTAL:</b>	_____