

Egyptian Dance with NICOLA

REGISTRATION for APRIL-JUNE 2019

www.nicola-bellydance.com

E: <nicolaraks@mymts.net>

PH 204.957.7520

text 204.330.0913

REGISTRATION = SIGNED FORM + PAYMENT

*Print, sign, 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 (preferred): nicolaraks@mts.net

*Please read the class descriptions at the above website-- 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. 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.

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. ? SPECIFY:

*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, facial/head/dental surgery, broken bones, tendon or cartilage injury within 8 weeks of start date? _____ You're advised NOT to dance until 12 week mark.

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 always risks.

-Few healthcare practitioners have actual, practical experience with dance, and may advise based

on common 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 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 health information page is shredded.

-Only financial records are kept in the longterm.

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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>, 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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PART 4

Class Choice(s) & Tuition:

WEDNESDAYS LEVEL 3 TECHNIQUE & CHOREO

7:30-9:30 pm (1 hour technique + 1 hour choreo)

STARTS April 3 13 classes 13 or 26 hrs

(Spring session will be April 6 - June 26)

_____ **full sessional, full evening** (25 hours total) 238.

7:30-8:30 TECHNIQUE only 13 hours total

_____ sessional 179.

_____ late/partial 17.x _____ classes

_____ drop-ins 20. per

date(s) : _____

Payment method: _____ e-transfer _____ Paypal _____ cheque _____ cash
(cheques made to N.Tresoor)

PAYMENT PLAN?

first payment = _____ (min. 50% of total -- sessional registration only)

of enclosed, post-dated cheques: _____ (max. 3)

SUBTOTAL: _____

LESS: Discounts, gift certificates, or credits (please attach coupon/gift certificate)

TOTAL: _____