

Belly Dance Class Student Info Sheet

“Please Print”

NAME: _____ Dance Name: _____ Age: _____

ADDRESS: _____ City: _____ State: _____ Zip: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ * If there is time, we will try to notify you of a class cancellation by sending out an email notice. Please write legibly!! **AND CHECK THE WEBSITE!**

If it is at all possible we will try to notify you via email & a posting on the Classes page and Calendar of the Oasis website if a class needs to be cancelled IF the studio received enough notice. Sometimes circumstances are beyond our control.

What is your interest in learning Belly Dancing: _____

Personal Goals with the dance: _____

When you see Belly Dancing performed, what do you like in a dancer: _____

Other teachers you have learned from including video titles, workshop teachers, etc.: _____

Belly Dancing, as with any other physical activity is strenuous. Please take care to warm up properly, keep yourself hydrated and consult a physician before participating in this class. Kira’s Oasis, Kira LaFave, JSL Management, LLC, its officers and all members of the Oasis cannot be held responsible for any detriment that participating in this activity causes you. You assume all risk and agree to take full responsibility for your health and well-being while participating in any activity on these premises.

Signature (Legible - required for class participation)

Date

Printed Name

Would you like to be added to the mailing list?
YES or NO

Membership Number: _____

Card Given: _____
Date

Please note – Name and Address information will only be used to make necessary contact with student. It will not be used for any solicitation or communication purposes unless requested by the student and will not be given to any other party for any reason.