

VEILS OF ARABIA BELLY DANCE KIDS ENROLMENT FORM

Parent/Caregiver's Name _____ Child's Name: _____

Home Phone _____ Work Phone _____

E-mail _____

Address _____ Mobile _____

City _____ Postcode _____

Date of Birth _____

Health info I should know about _____

How did you find out about this class? _____

Main areas of interest (Please check all that appeal to you!)

Belly dance classes for fun and fitness _____ Belly dance Workshops _____

Costume Workshops _____ Haflas (Belly dance parties) _____

Other _____

Video/Photo Permission

I, _____ give/do not give my permission for Video/photos of my child to be displayed for advertising/display purposes for Veils of Arabia Belly Dance.

Safe Dance

Although we practice safe dance techniques please note that participation is at your own risk.

Signed: _____ Date: _____