



**SUMMER 2009 Session begins**

Tuesday July 7, 2009 (8 week session)

**To Register, please fill out this form and:**

1. Email this form to: info@lusciousbelly.com  
OR
2. Fax it to: 905 529 9696  
OR
3. Drop it off at: 1119 Fennell Avenue East

**Luscious Belly Studios**

1119 Fennell Avenue East  
Hamilton Ontario L8T 1S2

web: <http://www.lusciousbelly.com>  
email: info@lusciousbelly.com  
tel: 905 297-7555  
fax: 905 529-9696

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ DOB:(yyyy/mm/dd) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Any health concerns or issues? \_\_\_\_\_  
 Have you taken Bellydance Classes before? \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Bellydance Beginner I      | <input type="checkbox"/> Bellydance Bellydance Veils |
| <input type="checkbox"/> Bellydance Beginner II     | <input type="checkbox"/> Cardio TurboHoop            |
| <input type="checkbox"/> Bellydance Intermediate I  | <input type="checkbox"/> Zumba                       |
| <input type="checkbox"/> Bellydance Advanced Series | <input type="checkbox"/> Introductory / Drop In      |

Days you are signing up for:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

- All regular & extra classes must be used by August 27 2009. No exceptions! • Refunds **will not be** offered after a session begins.
- Cancellation of a class must take place 48 hours prior to the first class to receive a refund (less 5% administration fee)
- Exception: If a medical condition or injury prevents you from completing your session, we will offer a partial refund based on a doctor's note outlining why the injury/condition affects your participation and the classes left in the set once we are alerted to the condition.
- A processing fee of \$15 will be deducted from all final refunds • NSF payments: A charge of \$40.00 for all returned NSF cheques.
- Luscious Belly Studios reserves the right to have substitute teachers for classes at last minute notice.

**CLASS CARD**

All classes purchased for this Session must be used from **Tuesday July 7<sup>th</sup> to Thursday August 27, 2009.**  
 Our session is 8 weeks long. You can use the class card for any of our classes!

- \$20 - Introductory Class
- 8 Classes - **\$85.00**
- 10 Classes - **\$100.00**
- 12 Classes - **\$110.00**
- 16 Classes - **\$125.00**
- Unlimited Classes - **\$175.00**

**How did you find Luscious Belly Studios?**

- |   |   |
|---|---|
| <input type="checkbox"/> Google / Search Engine | <input type="checkbox"/> CHTV                   |
| <input type="checkbox"/> Word of Mouth          | <input type="checkbox"/> The Hamilton Spectator |
| <input type="checkbox"/> Yellowpages            | <input type="checkbox"/> Other Advertisement    |
| <input type="checkbox"/> Cable 14               |   |

**WAIVER & RELEASE FORM**

The undersigned (Class or Workshop Participant) hereby irrevocably & unconditionally releases & holds harmless from liability Luscious Belly Studios, Alecia Aaminah May & her trustees, agents, heirs, and assigns (hereinafter "Releases") from any & all manners of claims, demands, actions & judgments of whatever kind of nature which I, my heirs, executors, administrators or assigns may have against any or all of Releases occurring, during, caused by, relating to, or arising in any way out of the above Class, Classes, or Workshop.

I understand that this Release from Liability irrevocably & unconditionally releases & holds harmless Releases from any financial liability for any injury, bodily harm, sickness, illness, or loss of life the Class or Workshop Participant may suffer & from any economic harm or loss of property occurring during, caused by, relating to, or arising in any way out of the above Workshop, Class, or Class Series. I, the undersigned, have read this Release from Liability & understand all of its terms; I have executed it voluntarily, with full knowledge of its significance, & intend to be legally bound by it. Students under 18 require co signature of a parent or guardian as well.

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.

**Student Signature:** \_\_\_\_\_

**For Office Use Only**

- Paid in full by cheque chk.# \_\_\_\_\_  Paid In full Cash  Paid Via Mastercard/Visa  Other Payment \_\_\_\_\_