



**Thrilling Zilling Workshop with Mahira
6 February 2010, 2-4pm
Registration Form**

Name _____
Mailing Address _____

Email Address _____
Phone Number _____

Early Registration \$35, paid by 22 Jan 2010 _____
 Late Registration \$45 _____
Total Payment (payable to Synergy RaD)

Mail Form and Check to
 Synergy Rhythm and Dance
 510 E Washington St
 Suite 216
 Bloomington, IL 61701

Note: Bounced checks are subject to a \$20 fee.

**Do any of the following apply to you?
Please circle yes or no and provide details, as appropriate.**

Arthritis	yes	no	
Heart Disease	yes	no	
Diabetes	yes	no	
Pregnant	yes	no	Due date _____
High Blood Pressure	yes	no	
Low Blood Pressure	yes	no	
Major Surgery	yes	no	Describe _____
Injury	yes	no	Describe _____
Asthma	yes	no	
Other	yes	no	Describe _____

Our classes are fun, and we want you to enjoy yourself and be safe. If you have any reason to be concerned about doing class activities, please speak to your doctor and to your instructor before beginning classes. Do not push yourself beyond your limitations and stop if you are feeling any pain.

I (write your name clearly) _____ understand that I am responsible for my own body. I understand that dance is aerobic exercise. I agree to pay attention to my body and to honor its limitations. I do not hold Mahira, Sahira Zedare or any Synergy Rhythm and Dance instructors responsible for injuries I may incur through activities in this workshop.

Signature _____ Date _____