



**Session Registration and Class Cards**  
**Synergy Rhythm and Dance**  
**For Students New to Synergy RaD**

**Name** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_  
 \_\_\_\_\_  
**Email Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_

**Bellydance Level 2 Session**

early registration, \$85 \_\_\_\_\_  
 late registration, \$95 \_\_\_\_\_

**Mother/Daughter Bellydance**

early registration, \$65 \_\_\_\_\_  
 late registration, \$75 \_\_\_\_\_

**ATS Level 1 Session, \$85**

\_\_\_\_\_

**Drop-in Class Card, 5-Classes, \$45**

\_\_\_\_\_

**Drop-in Class Card, 10-Classes, \$85**

\_\_\_\_\_

**Total Payment (payable to Synergy RaD)**

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

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

**How did you hear about our classes?** \_\_\_\_\_

**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 Sahira Zedare or any Synergy Rhythm and Dance instructors responsible for injuries I may incur through activities in this class.

Signature \_\_\_\_\_ Date \_\_\_\_\_