

REGISTRATION FORM

Little Egypt Dance Academy



Please complete the following information:

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **Zip Code:** _____

Home / Cell Phone: _____

Work Phone: _____

Email #1: _____ **Email #2:** _____

Emergency Contact: _____

Relationship: _____ **Phone:** _____

I hereby request participation in belly dance classes and/or other cultural activities managed by Amel, Little Egypt and other persons or organizations of her selection. I agree to hold harmless, waive, absolve and indemnify Amel, Little Egypt and all persons, organizations directly or indirectly involved in these dance classes and other cultural activities from all and every claim of damage or injury to me caused by participating in the dance classes and other cultural activities.

Signature **Date**