

**REGISTRATION FORM**  
**International Belly Dance Conference of Canada**

Name:	
Artist Name:	
Address:	
Telephone:	
E-mail	

Date Paid:	
Amount Paid (incl. GST):	

Method of payment:

Cash  Chq  Visa  MasterCard  Debit

CC# \_\_\_\_\_ EXP: \_\_\_\_\_ Name on Card \_\_\_\_\_

**LIABILITY FORM**

\* Unfortunately food allergies and special needs cannot be accommodated at this time. We cannot guarantee that the food products served do not contain or have not come in contact with peanuts.

I recognize the risks of physical injury inherent in dance and training and I am willing to assume those risks. I agree that I will not make Yasmina Ramzy Dance Association Inc., International Bellydance Conference of Canada, Arabesque Academy, Hungarian Canadian Cultural Centre, or any faculty member or employee of these organizations liable for injuries sustained or illness contracted by me while a student and/or participant while in class, eating food provided or otherwise. I agree to indemnify Yasmina Ramzy Dance Association Inc., Arabesque Academy, IBCC and its employees of liabilities, costs, and judgments arising from acts of omissions of the undersigned, which result in injury or damage to any person or party.

**PLEASE PRINT**

PARTICIPANT NAME	
PARTICIPANT SIGNATURE	DATE
PARENT OR GUARDIAN NAME (if student is under 18)	
GUARDIAN SIGNATURE	DATE
WITNESS NAME	
WITNESS SIGNATURE	DATE

**Return by FAX: 416-703-5593**

**By Mail: c/o Arabesque, 1 Gloucester St., Toronto, ON, Canada, M4Y 1L8**