

**Registration Form for:**  
**Building Your Medicine Body through Free Form Dance & Movement Class**  
**6 Week Class-March 22-May 3, 2020**

(Note: No class Easter April 12<sup>th</sup>.)

Sundays, 3pm-5pm, Dancing Prairie Massage Therapy College, Coralville

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ (please print very clearly, thanks!)  
Cell Phone \_\_\_\_\_ (If this isn't a cell phone, please indicate that  
since I will be sending class notification via text, but also email.)

Please answer the questions below. I am asking these questions out of curiosity so that I have a sense of what people come with to the class. There is absolutely NO requirement to have had experience in dance or journeying to attend this class, so if this is you, please don't stress out, I am glad you will be joining us!

Have you ever done a shamanic journey before? Yes No (Circle One)

Do you have a Power Animal or Spirit Guide that you are comfortable journeying with to receive information in a journey? Yes No (Circle One)

(This lets me know how much teaching I need to do when we get to that part, it is fine if this is totally new to you.)

Have you ever had energy work done to you by a practitioner or friend? Yes No (Circle)

Are you an energy practitioner or some other profession along those lines?

If so, what kind? \_\_\_\_\_ Yes No (Circle One)

Are you familiar with things like the chakras and energy in your own body? Yes No (Circle One)

Have you ever taken a dance class before? Yes No (Circle One)

Do you have any hearing challenges? Yes or No (Circle One)

Please use the back of this form to let me know anything else that you feel is important for me to know about you for this class (physical limitations, needs etc)

Where did you hear about this class? \_\_\_\_\_

If you heard about it on Facebook could you clarify what Page? (in a group-which group?, friend's page?, on your own feed?) \_\_\_\_\_

I \_\_\_\_\_ understand that dance and related activities involve risk of injury, I agree I will not hold Adina Levitt liable for any physical or psychological injuries/damages incurred by me while participating in the Sacred Dance Class (dates listed above). I understand that I am not receiving any, and Adina Levitt doesn't offer any, medical or psychological consultation. Any services offered by Adina are to compliment professional medical and psychological treatment. By signing this statement I understand that Adina advises me to contact a licensed physician for any medical and/or psychological concerns. I accept all responsibility for my own physical and emotional experience in this class and as a result of this class.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

**Please include payment with your Registration Form of \$90.THANK YOU!**

Please write checks to: Adina Joy Levitt. Mail or drop payment off to: Adina Levitt, 635 S. Governor St., Iowa City, IA, 52240 (top mailbox) Adina's contact info: 319-541-7332, [adinajoylevitt@gmail.com](mailto:adinajoylevitt@gmail.com)