

**Registration Form for: Sacred Dance Class- Jan.12-Feb.16, 2019-6 Week Session**

**at the Environmental Education Center, 2401 Scott Blvd. SE, Iowa City, with Adina Joy Levitt**

**Deadline for Registration is Jan. 8, 2019**

**Name** \_\_\_\_\_

**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 energy work 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)**

**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)**

**If yes, as an adult or child or both? \_\_\_\_\_**

**If yes, what kind of dance? \_\_\_\_\_**

**Are you comfortable sitting on the floor for a circle discussion? Yes No (Circle One)**

**(a chair will be provided if you need one.)**

**Have you ever participated in a Free Form Movement dance environment? Yes 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? \_\_\_\_\_**

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 running Jan. 12-Feb. 16, 2019. 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)

If you would like to drop off cash, please text me in advance so I know to expect it, thanks.

My cell phone number is: 319-541-7332 Email: [adinajoylevitt@gmail.com](mailto:adinajoylevitt@gmail.com)

Please call/text or email before sending in payment to make sure there is room in the class for you, thanks.