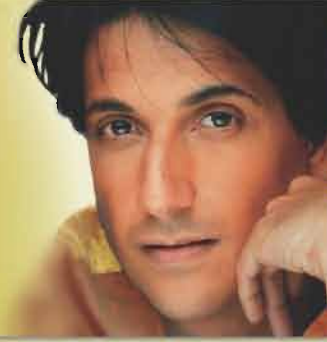




SHIAMAK



PERSONAL DATA

(Please fill this form in CAPITAL LETTERS. Incomplete forms will not be accepted.)

Name: _____ Middle Name: _____

Last Name: _____

Date of Birth (DD/MM/YYYY): _____ Male / Female

Address: _____

City: _____ Province: _____ Postal code: _____

Phone (R): _____ (C): _____ (O): _____

Student's Occupation: _____

E-mail: _____

Parent / Guardian Emergency Contact: _____

Name: _____

Phones: _____

HELP US SERVE YOU BETTER

(Please answer the following section to help us serve you better.)

How did you get to know about SDI?

- Newspaper Ad (specify the name) _____
- Radio (specify the name) _____
- TV (specify the show or channel) _____
- Other (specify) _____
- Word of Mouth _____

Did you call the SDI office? (Please tick if yes.)

Do you shop over the internet? (Please tick if yes.)

You check your email Daily Few times a week Once a week Don't use

(Any change in the student information should be intimated to our SDI office.)

Affix your photo here

For SDI office use only

Membership number: _____

Receipts

Receipt No.(1): _____

Dated: ____/____/____

Total Fees: _____

New ID Card: Yes

Credit Note No.: _____

Amount: _____

Enrollment Details

Enrolled for: _____

Venue: _____

Hall No: _____

Class: _____

Timings: _____

Remarks

Date : _____

For SDI:

HEALTH HISTORY QUESTIONNAIRE

(Please fill in the necessary information. Your answers will be kept confidential.)

MEDICAL HISTORY

Are you currently suffering from any illness or have had any type of surgery? (Please tick if yes.)

If Yes, please describe: _____

Are you suffering from any Heart related Problems? (Please tick if yes.)

If Yes, please describe: _____

Are you taking any medications (including vitamins and supplements)? (Please tick if yes.)

If Yes, please describe: _____

Has your doctor ever told that you have a bone problem that has been or could be made worse by exercise? (Please tick if yes.)

If Yes, please describe: _____

Do you have any chest pain or discomfort? (Please tick if yes.)

Do you have any of the following conditions?

High Blood Pressure (Please tick if yes.) Arthritis (Please tick if yes.) Asthma (Please tick if yes.)

Osteoporosis (Please tick if yes.) High Cholesterol (Please tick if yes.) Diabetes (Please tick if yes.)

Do you currently Smoke or chew tobacco? (Please tick if yes.)

If No, were you a smoker in the past? (Please tick if yes.)

Are you currently pregnant? (Please tick if yes.)

EXERCISE

Do you exercise currently? (Please tick if yes.)

If Yes, please describe: Days / Hours / Type of exercise _____

Please make any other comments that you feel are pertinent to your exercise programme: _____

TOKEN SYSTEM

Your child's security and well-being is of utmost importance to us therefore SDI follows a "Token System" for the security of your child. The Instructor/ Assistant will hand over the token to the person who comes to drop your child to Dance Classes/ Shows/ Events organized by Shiamak Davar International (Canada) Inc. Please ensure that the person who comes to collect the child brings the token with him/her. Your child will be handed over to the person only on receipt of this token. This "token system" will be followed in Dance Classes/ Shows/ Events organized by Shiamak Davar International (Canada) Inc.

I will follow the token system.

I do not wish to follow the token system & I take full responsibility for my child's security.

DISCLAIMER AND LIABILITY WAIVER

- The above mentioned student (or, where the student is below 18yrs of age, the parent or natural guardian), hereby confirms that the student has been advised by a competent medical examiner that he/she is medically, mentally and physically fit to participate in the Dance Classes/ Shows/ Events organized by Shiamak Davar International (Canada) Inc. and that he/she has no physical or mental conditions that may affect his/her ability to do so.
- It is expressly understood by the student and/or the student's parent/s and/or guardian, as the case may be (hereinafter referred to as the "student" for the sake of convenience), that it is not compulsory to participate in the Dance Classes/ Shows/ Events organized by Shiamak Davar International (Canada) Inc. The student expressly confirms and states to SDI that he/she has voluntarily chosen to participate and/or perform out of his/her own freewill and not under any kind of pressure from SDI, its representatives, instructors or employees, or anyone whatsoever to do so.
- The Student understands, acknowledges and accepts that participation in the Dance Classes/ Shows/ Events organized by Shiamak Davar International (Canada) Inc. is a strenuous physical activity and may involve risk of accident, injury to the student's person or property or loss of life. In case of any accident, injury, loss of life or harm of any nature to any student or student's parent, guardian, relative or friend at or around the class or show venue the student expressly agrees and acknowledges that SDI shall not be responsible and/or liable for the loss, injury, loss, loss of life, harm or damage caused and the student shall further be liable to SDI for all loss and/or damage suffered by SDI and/or its representatives, instructors, employees, etc. virtue thereof.
- Notwithstanding the above, in the event of any injury or other medical conditions that the student may experience during any of the classes or shows, the student authorizes SDI to administer or procure the administration of medical treatment as deemed fit by qualified medical personnel if he / she is not able to act on his / her own behalf and agrees not to make any claim against SDI and / or such medical practitioners, whether for negligence and / or malpractice or otherwise. The student further agrees and acknowledges that he / she will be exclusively liable and responsible for all costs, expenses and claims resulting from such medical attention provided, and shall reimburse to SDI any sums expended by it in this regard.
- The student shall further indemnify SDI in respect of any claims, demands, losses or decrees, orders or awards that may be made against SDI and / or its representatives, instructors, employees, etc. in this regard. The student shall further indemnify SDI for all losses, damages and injury caused, resulting from or in any way attribute to any illness, accident, injury of any of the members of SDI occasioned by any act or omission of the student.
- SDI reserves the right to reject the participation of the student in any classes and / or shows for reasons of inability / behavior endangering the safety / welfare of himself / herself and / or others. No refund will be made to the student on account of such rejection or the student's own inability to so participate therein.
- SDI's Summer workshop and Summer Funk Shows will be covered by the media. Your enrollment for the workshop confirms that you have no objection to the same and will co-operate with SDI for all such publicity, television and media coverage.

I accept,

Student's Signature

Date: _____

Parent's Signature

Date: _____