



“We rarely hear the inward music but were all dancing it nevertheless “ –Rumi

Movement A Breast Wellness Dance Program

Application Form - Participants Details

_____ First Name Middle Initial Last Name		Participants Photo ID size 2x2 (Please send 2)
Preferred/Nick Name		
Street Address		
City, State, Zip		Circle Current Fitness Level Beginner/ Intermediate/ Advance
Email Address		

Cardio Endurance

If applicable, please list your Cardio Fitness endurance level / regime prior to you being diagnosed with Breast Cancer.	None ___ 2mins ___ 5mins _____ 10Mins ___ 10+Mins _____
	Flexibility: Upper body ___ Mid Section ___ Lower Body ___ Others _____

Summary of any Dance Training (List classes, workshops, festivals, etc.)

<u>Where (Studio/School)</u>	<u>Type of Dance</u>	<u>Hours/Week</u>	<u># Of Years</u>
1.			

Please share with us your reason for wishing to attend our Movement A Breast “Face to the Floor” series and “Beyond and Beyond “series.

Personal Fitness and Wellness

Movement Limitations

Describe what your goals are for wellness?

Describe any Movement Limitations you may have?
e.g. Compressed Bandage /Lymphatic Swelling /other.

I _____ agree that the
Participants Print Name *Participants Signature*

Information on this form is correct and true. I am interested in participating in the Movement A Breast Wellness programs “Face to the Floor “series and “Beyond and Beyond “series and accept the commitments asked of me if I am selected for my participation /auditioned level for the 2015-2017year. _____/Date

I _____
Print Participant/Guardian Name *Participant /Guardian Signature*

I understand that if I have any concerns about my own health or ability to be part of the Movement A Breast Wellness Program, it is my responsibility to discuss my concerns with my physician prior to participation. _____/Date Participant /Guardian Emergency Contact telephone #: _____



We invite you to contact us to register
The Rhythm Centre
info@therhythmcentre.com