

Signed:

Dancing Grade _____

Year: 2020

Elizabeth Beukes: 082 856 3625 Anthea Niehaus: 082 733 4551 Lizl Lindes: 083 215 1726

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Registration Form:

Pupil Particulars (PLEASE PRINT CLEARLY) Name: Address: Date of Birth: Gender: Male / female Name of School/Tertiary Education: _____ Email: Parent / Guardian Particulars Parent / Guardian's Name: Cell: Email: ID Number of person Responsible for account: Mother Occupation Father Occupation: Mother Work Tel: Father Work Tel: Tel No: Any medical conditions: Doctor: ___ Both Hip Hop **Form of Dance** (Please tick) Modern _ _ _ _ I hereby agree that fees are payable in advance of tuition, and in the event of terminating tuition, I shall be obliged to give ONE FULL TERMS WRITTEN Notice. Missed classes & tuition payments are not refundable. Please tick PHOTO/IMAGE RELEASE: I give my consent for images (photographs, video) of my dependent to be taken and used to document the activities of Stellenbosch Dance Academy. I grant Stellenbosch Dance Academy permission to use the images for educational, marketing and promotional purposes. I understand that if I do not want images of my dependent to be used, I will indicate this in writing and the signed letter will be attached to this document. Please tick MEDICAL RELEASE: I give my permission for Stellenbosch Dance Academy, Studio Teacher, or Studio Parent to take my child to a medical facility, if necessary. In case of emergency I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent. I accept full responsibility for all costs of said medical care and any emergency treatments. Stellenbosch Dance Academy and teachers will not be responsible for the cost of any medical care or emergency treatments. I hereby waive all claims whatsoever in connection with such medical treatments. Please tick WAIVER AND RELEASE: I agree that if my dependent or I engage in any physical exercise, class, or activity, or facility on the premises or any venue where we participate as representatives of Stellenbosch Dance Academy, we do so at our own risk. I agree that we are voluntarily participating in activities and use of said facilities, premises (including the parking lot) and designated Stellenbosch Dance Academy venues. We assume all risk of injury, illness, damage, or loss to us or our property that might result, including, without limitation, any loss or theft of any personal property. I agree that this consent and assumption of risk statement covers each and every event or activity sponsored by Stellenbosch Dance Academy. I agree to release and discharge you (and your affiliates and employees) from any and all claims or cause of action (known or unknown). I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. I am waiving any right that I may have to bring legal action to assert a claim against you. Signature of Applicant (or legal Guardian, in case of a minor)

Printed: _____

Date: _____