

DIVERSIFY DANCE

Registration Form

PLEASE FILL OUT AND RETURN A HARD COPY OR SCAN AND EMAIL.

Corinne de Beer: Cell:0725939445 email: corinne.db.dance@gmail.com

www.diversifydance.com

Facebook: Diversify Dance instagram: diversify dance

CHILD'S FIRST NAME: _____

SURNAME: _____

SCHOOL: _____

DATE OF BIRTH: DAY: _____ MONTH: _____ YEAR: _____

PARENT/GUARDIAN'S FIRST NAMES (AND SURNAMES IF DIFFERENT FROM CHILD'S):

MOM: _____ DAD: _____

OTHER (GRANNY, OTHER LEGAL GUARDIAN ETC.): _____

EMAIL ADDRESS: _____

ADDRESS: _____

HOME TELEPHONE: _____

CELL NUMBERS:

MOM: _____ DAD: _____

OTHER (please include who's contact number this is): _____

Please state if child has any food allergies or medical conditions we should be made aware of:

PAYMENT METHOD:

Termly EFT/DEBIT ORDER /CASH will be accepted. Invoices will be sent to parents at the start of each term.

Please note that fee's are to be paid within the first 2 weeks of the beginning of each term.

WAIVER/INDEMNITY – This section must be filled out and signed, or your child will not be permitted to participate in classes***

I _____ (parent or legal guardian if pupil is under 18, or pupils name if 18 or older) hereby agree that I will not hold Corinne de Beer, or any of her instructors or teachers responsible for any injury/loss of life/loss of property that I/my child may suffer on or off the dance school's premises for any reason. I also understand that dancing is a physical activity and if my child incurs any future health/medical problems due to this activity, Corinne de Beer and her instructors cannot be held responsible. I accept that I am responsible for organizing my child's transport to and from classes. I agree that right of admission to classes is reserved and if for any reason (such as misbehavior) my child is asked to leave a class by an instructor, I will accept this without any refund of fees paid. If my child decides to stop dancing, I agree to give written notice and will pay a full term's fees (considered as 3 months fees) from date of written notice. I understand that classes may be cancelled due to emergencies and rescheduled and/or venue may be changed at any given time, although cancelled classes will be made up before the end of the year at the teacher's convenience.

Parent/Guardian #1. Name printed: _____ Signed _____

Parent/Guardian #2. Name printed: _____ Signed _____

BANK DETAILS:

Corinne de Beer

Bank name: FNB

Account number: 62479035646

branch code: 250655
Amount: R560
Ref: ISCT+ name