



Anwyn Winterbach
073 461 3000
info@aada.co.za
facebook.com/anwynwacademy

STANDARD REGISTRATION FORM ENROLLMENT AGREEMENT

STUDENT NAME: _____

1. Anwyn's Acro Dance Academy billing cycle begins on the **1st day of each month** and ends on the last day of each month. **Therefore fees are payable in advance on the 1st of each month.** Fees must reach us by at the latest the 5th of each month.
2. Failing to do so will result in the possibility of the student being expelled by the 10th of the month.
3. I understand that if I, or my child listed above, choose to leave Anwyn's Acro Dance Academy, for any reason, written notification for **2(two) calendar months** will be accepted. **WHEN NOTICE IS GIVEN EITHER OCTOBER OR NOVEMBER, A 3 MONTH NOTICE PERIOD WILL BE REQUIRED.** I further understand that failure to provide written notification as stated above will result in tuition being charged to my account, and I will be responsible to pay, for two/three additional months for all classes, at the prevailing rate.
4. A registration fee of **R 300** is payable at the beginning of the year. If for any reason a student intends to 'take a break', by commencement again, the **R 300** will again be payable.
5. **I HAVE READ AND AGREE TO THE FEE STRUCTURE AND RULES OF THE DANCE ACADEMY AS SET OUT IN THE ATTACHED DOCUMENT.**
6. I understand that I am responsible for payment of the registration fee, monthly tuition, costume deposit(s), costume balance(s), recital fees and all traveling costs (if applicable).
7. I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof, and, intending to be legally bound, I have signed this ENROLLMENT AGREEMENT on the date set forth below.

Signature of Parent/Guardian

Print Name

Date: _____

MEDICAL AND LEGAL RELEASE

I, _____ (parent/guardian's name)
register my child _____ in
Acrobatics taught by Anwyn Winterbach at

Anwyn's Acro Dance Academy

at Still Bay, Riversdale and Heidelberg venues. I hereby grant permission for any and all medical treatment in the event of accident, injury, sickness, etc, necessary in the case of an emergency, until such time as I may be contacted. I also assume responsibility for the payment of any such treatment. This release is effective for a period of one year from the date signed below.

Please Note: It is the responsibility of the parents or guardians to disclose all relevant medical history and current conditions.

LEGAL RELEASE:

I give permission to use, reprint, and produce any photographs or videos taken of me or my child and written materials supplied by me or my child in the form of evaluations during the Anwyn's Acro Dance Academy. I understand that such material will be used by **Anwyn's Acro Dance Academy** to promote the studio. All choreography and music may not be used outside the studio without any consent of the studio. Permission must be given by the Principal of the studio.

Strictly no filming during class without permission.

Signature of Parent/Guardian

Print Name

Date: _____