



Registration Form: Extramural Programs

Learner's Name: _____ Gender: _____

Date of Birth: _____

Learner's School: _____

Starting date requested: _____

Pls refer to our current timetable & indicate the programs you wish to register your child in:

Program Name	Would you like to make use of the discounted aftercare option?	Fees (FOR OFFICE USE)
Ballet		
Contemporary modern dance		
Jazz & Hip Hop Dance		
Drama		
Art		
Piano/Keyboard		
Vocals		
Recorder		
Flexinastix		

FOR OFFICE USE: Total Quarterly Fees: R_____

Medical

Allergies: _____

Will your child require any special medical attention during a normal class: (yes/no)

If yes - Explain: _____

FATHER'S NAME: _____ Cell Phone: _____ Work Phone _____

MOTHER'S NAME: _____ Cell Phone: _____ Work Phone _____

E-mail: _____ Home Phone: _____

Address: _____

_____ Postal code: _____

Emergency Contact: _____ Phone: _____

INITIALS OF SIGNATORIES

INDEMNITY FORM

The following must be read and signed by the parent/legal guardian.

PARENTAL RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, _____ (printed name), being the parent or legal guardian of _____ (hereinafter "Learner"), hereby request that Capriccio! Arts Powered Schools (hereinafter "the School") provide extramural instruction to the Learner and agree as follows:

1. For myself and for the Learner, the undersigned agrees and understands that extramural programs may at times include hazardous activities which may result in injury to my child during participation; agents or representatives of the School presenting such tuition shall not be expected to eliminate the risks inherent in these activities. I hereby assume all risks in connection with Learner's participation in such activities, including but not limited to personal injury and death, and hereby completely release the School, its owners, representatives, coaches, affiliates, officers, directors, volunteers and employees from any liability for any injuries, death or damages and from any claim or legal action by me, any other parent or guardian of the Learner; the Learner, anyone on behalf of the Learner, and by the Learner's estate, heirs and assigns arising in any way from Learner's participation, including any claim based on negligence.

2. In addition, the parent/guardian signing below represents to the School that he or she has the authority to enter into this contract on behalf of said minor Learner and on behalf of any other parent or guardian of said minor Learner and agrees to defend and indemnify and hold harmless the School and its representatives from any and all claims arising from the Gymnast's participation in Flexinastix and/or gymnastics or from this contract, brought on behalf of said minor Learner or any other parent/guardian thereof, even after the minor Learner attained majority, or from third parties injured by the minor Learner, and hold the School, their representatives, agents, affiliates, officers, directors, coaches, volunteers and employees harmless from any such claim, legal action, harm, injury, damages or loss to person and/or property.

3. The undersigned further authorizes anyone working at the School to call for such medical care for the Learner or to transport the Learner to the appropriate clinic or hospital if, in the opinion of the coach, teacher or the designated staff member on duty at the time at the School, medical attention is needed for the Learner. The undersigned agrees that upon turning the Learner over to the undersigned or the undersigned's designee or to any ambulance or other medical transport, medical facility, clinic or hospital, the responsibility of the School shall be totally fulfilled and the School shall not have any further responsibility for the Learner. The undersigned agrees to pay all costs associated with such medical care and related transportation for the Learner and to indemnify and hold the School, their representatives, agents, affiliates, directors, coaches, volunteers and employees harmless from any costs incurred therein, or any claims arising therefrom.

4. In exchange for, and in consideration of the School making instruction available to the Learner, I contractually agree that any and all disputes between myself and the School arising from the Learner's participation in the programs presented, and including any claims for personal injury and/or death, will be governed by the laws of the South Africa and the exclusive jurisdiction thereof will be in the state or federal courts of South Africa.

5. I have carefully read the foregoing Complete Release of Liability and Indemnity Agreement and understand its contents, including the jurisdictional agreement. I acknowledge and understand this is a complete release and indemnity agreement, that it covers any and all claims by the Learner, me or anyone else on the Learner's behalf for any reason, including negligence, and that I am contractually agreeing to these terms freely, fully and without reservation in exchange for the right to have the Learner participate in the extramural programs offered.

6. If any part of this agreement is deemed unenforceable, the remainder shall be an enforceable contract between the parties. I am aware that this contract is legally binding and that I am releasing legal rights by signing it.

I give permission/do not give permission to the School to include photographs of my child on their official internet platforms or in other promotional material.

Initials: _____ Date: _____

The Signatories agree that they shall be jointly and severally liable to pay fees as prescribed and that they have sufficient funds to meet the financial commitments herein.

If any payment due by the Signatories remains unpaid for a period of 30 (thirty) days after due date, the School shall have the right to suspend the child from attending the extramural program/s without prejudice to its other rights under this agreement, including its right to immediately institute action against the Signatories for the full balance owing in terms hereof.

The Signatories accept that interest at prime + 2% will be charged on all outstanding fees.

Person responsible for payment: _____ ID NO: _____

Email address: _____

Relevant fees are payable quarterly in advance via EFT only into the school fee account and may be paid in instalments as follows:

Month 1 – R300 / R500 (vocals & piano)

Month 2 – R300 / R500 (vocals & piano)

Month 3 - Balance

Extramural programs include 8 lessons per program per school quarter.

Account Name: Capriccio Schools Current Account Number: 62764401586 Bank: FNB Branch: Century City Branch Code: 250655 Reference: Your Child's Surname & Initials Pls email proof of payment to admin@caprischools.co.za.
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Should the parent opt for the learner to make use of the waiting class option (only available to learners attending school at Capriccio!), an additional charge of R100 per afternoon will be billed, payable monthly in advance.

It is the parent's responsibility to ensure that the Learner abides by the dress code of the relevant program, which may entail additional expense to the parent.

Should a child be absent from an extramural program he/she is registered in, for any period of time, fees for that period will still be payable.

Should you wish to terminate your child's participation in an extramural program, advance written notice of one calendar month is required. If not received, we assume that he/she will continue participation in the program.

I/We hereby undertake to abide by the rules, regulations and payment procedures of the School and should my child not be enrolled as a learner at the School, I include a copy of both parents' identity documents.

SIGNED AT: _____ DATE: _____

SIGNATORIES: MOTHER/LEGAL GUARDIAN: _____ FATHER: _____