



RIGA VICTORIA DANCE ACADEMY *reg 1980*

Studios: 34 George St. Reservoir

Postal Address:

P.O. Box 8297,
Northland Centre Preston 3072

Telephone: 0419507204

APPLICATION FOR ENROLEMENT

All information given is confidential

Students Full Name: _____ Year of Enrolment: _____

Which class/classes are you enrolling into _____

Students Date of Birth: _____ Age on enrolment: _____

Address: _____ Postcode: _____

Email: _____

Telephone (Home): _____

From what source of information was knowledge of the Academy obtained? (e.g newspaper, friend, yellow pages, website etc.)

If on recommendation, by whom: _____

Parent/ Guardian (Primary Contact) Name: _____

Mobile No: _____ Daytime Contact No: _____

Parent/ Guardian (Secondary Contact) Name: _____

Mobile No: _____ Daytime Contact No: _____

If applicable:

Person/s responsible for accounts & to where any communications to be sent, if different to the above address:

Guardians Full Name and Mobile/Daytime Contact No: _____

Address: _____

Postcode: _____ Telephone (Home): _____ (Mobile): _____

Are there any person/s not legally authorised to collect your child? YES or NO

If yes, please discuss details with Director prior to enrolment.

EMERGENCY CONTACT (different to above details):

Full Name: _____

Relationship: _____

Telephone: _____ Mobile Telephone: _____

Any physical disabilities or medical conditions? If so please state below (provide a medical certificate for clearance to participate)

Any other personal details that the Academy/ teachers should be aware of? If so please state

PLEASE NOTE: All Students dance at their own risk.

PHOTOGRAPH/VIDEO AUTHORIZATION

This section is to be completed by all students over 18 years and parents/guardians of students upon enrolment. During your time with the Academy there are occasions when photography is needed to promote, or advertise the Academy. This would involve taking photographs or filming of students, e.g; during open week, performances, displays, newspapers, leaflet and television. Should this occur we need to have your approval to do so. This form need only be signed once and will remain in force until you/your child will no longer be with the academy.

Please print your full name and sign below:

I.....(full name of parent/guardian or student if over 18 yrs)

give permission for me (as above)/ my child.....to appear in photography or video as necessary during the general activities or performances, classes, displays and activities as conducted and held by the Riga Victoria Dance Academy. Should my details or circumstances change during my time with the Academy I will inform the Academy of such.

Signature:.....Date:.....

PAYMENT DETAILS:

Fees:

- a) All term fees are payable strictly in advance at commencement of each term. Classes are paid on a term-by-term basis.
- b) Fees are due after your initial enrolment registration and before the commencement of each term thereafter. You are able to view your account via Dance Studio Pro in your portal.
- c) A lste fee of \$25 will be charged on all accounts not paid within 14 days of due date.
- d) One months notice is required form students who do not intend to complete the academic year. Failure to provide this notice will result in terms fees being charged.

Enrolment Fee:

- e) The enrolment fee of \$40 is payable per year for membership with the R.V.D.A. A position in the Academy will not be held or guaranteed unless the \$40 membership/enrolment fee is paid.

Payment Options:

- f) Payment via PayPal or cash only accepted. There are no credit card facilities available at the Studio. Students with outstanding fees will not permitted to attend class until payment is made
- g) It is understood that fees are **not refundable**.
- h) No student is permitted to perform outside the Academy, without the written permission of the director. Out of courtesy and respect for the Academy, students are not to perform or be included in promotion of another dance establishment without the Directors knowledge or approval and not acknowledging that the Academy has been/is your primary training school.

DECLARATION:

I/We, the undersigned person(s) _____ (Names in full-Block Letters)
(Students under 18 years of age must obtain the signature of a parent guardian)

agree to abide by all the Rules and Regulations as laid down by the Riga Victoria Dance Academy and declare that all the information I have given the Academy to be true and correct. I/We understand and accept the conditions noted on enrolment. It is understood that all students dance at their own risk. I/we further authorise Riga Victoria Dance Academy, in the event of any illness or accident to _____ (**enroled students name**) to seek medical assistance where it is deemed necessary in case of an emergency and I/we agree to cover any medical costs incurred during the process. I authorise the obtaining on my behalf of such any medical assistance as he/she may reasonably require. I accept all operative, blood transfusion and/or anaesthetic risks involved and the responsibility of all expenses incurred.

I/we agree that on entering the Riga Victoria Dance Academy, I/we undertake to reimburse the Academy for any monies due from us in the event of default.

Signed: _____

Date: _____

Parent/Legal Guardian and/or Student (if over 18 years of age)

I, the undersigned agree to abide by all the rules and regulations as laid down by the Riga Victoria dance Academy and declare that all the information I have given the Academy to be true and correct.

