



Akademie vir Dramakuns

REGISTRASIEVORM/ ENROLMENT FORM

Naam van leerling / Name of pupil: _____

Van/ Surname: _____

Name van ouers indien onder 21 / Name of parents if under 21:

Ma/ Mother _____ *Pa/Father:* _____

Leerling se geboortedatum / Pupil's date of birth: _____

Ouderdom/ Age: _____

Adres/Adress: _____

Email adres /address: _____

Telefoonnommer / Telephone number: _____

Ma/Mother: (W): _____ *Cell:* _____

Pa/Father (W): _____ *Cell:* _____

Vorige drama ondervinding/ Drama experience?

APPLICATION AND INDEMNITY

I hereby apply to participate/apply for my child to participate of my own free will in the syllabus of the ADK. I indemnify and exonerate the ADK and Franciska van der Merwe of any liability with regard to any injury, be it temporary or permanent, sustained by me/my child doing the drama exercises or any after effects that might occur.

I also undertake to pay fees by their due date as stipulated and I will give a minimum of one month's notice if I / my child want to discontinue acting lessons.

Ek onderneem om lesfooie voor of op die voorgeskrewe datum te betaal en ek onderneem ook om een maand kennis te gee as my kind die dramaklasse wil kanselleer.

Geteken / Signed _____ (by parent or guardian if under 21 years of age)(ouer of voog indien jonger as 21)

Datum/Date: _____