



Riëtte Nel Qualifications:

S.D.T.A. Highland Associate and Members
A.I.D.T. Modern & Hip Hop
Diploma in Sport Massage
Royal Academy of Dance – Ballet
Health and Fitness Professional Association (Group Fitness Instructor & Personal Trainer)
Sport Nutrition. Health and Fitness Management
Posture Specialist: HFGA

**N.B. This Form serves as a contract between Riëtte’s Dance Studio and yourself.
Please ensure that you understand all the rules on the next page before filling in and signing this agreement.**

NAME & SURNAME (dancer):

DATE OF BIRTH (dancer):

DANCER'S ID NO

NAME AND SURNAME OF MOTHER:

NAME AND SURNAME OF FATHER:

Details of account payer:

Title: _____

First Name: _____

Surname: _____

Email: _____

I.D/Passport Number: _____

Cell Phone: _____

HOME ADDRESS:

TEL: (Home) TEL: (Work)

CELL: (Pupil)

CELL: (Mother) CELL: (Father)

E-mail:

VERIFY E-MAIL PLEASE:

PARENT OCCUPATION:

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER:.....

TEL :(H) (W)

MEDICAL HISTORY:

IS PUPIL AT BOARDING SCHOOL?

WHICH SCHOOL DOES LEARNER ATTEND? :

PREVIOUS DANCE TRAINING: Yes..... No

DATE OF LAST EXAM:

Has the necessary notice & payment been made to previous teacher? Yes No

NAME OF PREVIOUS DANCE SCHOOL:

Please indicate with X which dance form/s pupil will be participating in:

- BALLET
- MODERN – Requirement: Preferably take Ballet with Modern
- HIP HOP – Requirement: Must be 7 years old on the 1st January

STUDIO RULES

FEES:

- A once-off admission fee of R250 is payable with initial enrolment.
- Class fee must be paid strictly in advance i.e. in the beginning of the term. (From the date your account is sent out, you have 30 days to pay your account. The Due Date is specified on your account). Pupil's classes will be temporarily discontinued if this is not adhered to.

- Cash payments are accepted.

Banks charge fees for cash deposits which you are liable for if paying cash into the account.

Payment banked directly into studio account.

ACCOUNT DETAILS:

Account No: 1750147115. Bank: Absa.

Branch: 334-120. Current Account. Account Name: Riëtte Nel.

- Class fees will be adjusted as the pupil progresses through the various levels.
- Under no circumstances will fees be refunded if a pupil misses class. Parents/pupils are responsible for ascertaining whether pupils catch up on work they missed during absence.
- Fees will escalate per annum.
- Sign: (I have read the above.).....

NOTICE:

- Irrespective of the cause – One month's written notice and fees in lieu thereof must be given.
- If a pupil wishes to discontinue classes in the New Year, a month's notice is expected.

EXAMINATIONS:

- A pupil will not be entered for an exam:
a) if he/she missed more than 4 lessons per term without valid excuse.

b) his/her class fees are not paid up to date. (Riëtte's Dance Studio reserves the right to withhold the result and certificate until fees are fully paid.)

- It is up to the teacher's discretion whether a pupil may enter an examination.
- Exam fees are paid to the various Dance Societies and are not income for the studio. Please do NOT pay exam fees with tuition fees.
- Please take note that extra classes will take place over week-ends before exams, competitions, and performances.

GENERAL:

- No eating or food or drinks other than water on site.
- Please be sure to notify Riëtte in order to excuse a student from class. Leave a message if necessary. Regular attendance is absolutely vital in making sure a student achieves and maintains his or her mastery of dance technique.
- It is parents/pupils own responsibility how pupils arrive at class and not the teacher's responsibility.
- Pupils **must** wear prescribed uniform and hair must be tied up. (Out of the face). Any tasks that *can* be done at home *should* be done at home (hair, dressing, etc.) - dressing room is closed due to COVID -19
- Ballet shoes should be put on immediately before entering the studio and removed immediately after class.
- Whenever possible, parents and other visitors should not enter the building. Parents/guardians are required to drop students at the entrance.
- Students should not wait in the classroom/studio if it is not their class.
- Pupils and parents should be loyal to the studio and act in such a way as to be an asset to the Dance Studio. Should it be necessary, Riette's Dance Studio is entitled to give a pupil notice.
- Under no circumstances is the Dance Studio responsible for any injuries sustained during class, on the premises or during any performance.
- If and when necessary, I have the right to adjust class times.
- As stated under Examinations - There will be extra classes to peak pupils for exams, performances and competitions. If parents or pupils are not willing to attend extra classes pupil should NOT enter.
- No dance or parts of a dance may be performed or taught anywhere without my permission. Dances and choreography remain the property of the Dance Studio.
- The studio is closed during school and public holidays.
- **STUDIO HOURS** / BUSINESS DAY shall mean any day which is NOT a Sunday or Public Holiday.
- PLEASE NOTE THAT THE HORTON/PILATES CLASSES IS COMPULSORY FOR MODERN DANCERS. All High School Dancers are welcome.

DECLARATION: I the undersigned, having read and fully understand the rules, accept this as a binding contract between myself and Riette's Dance and Fitness Studio. I undertake to abide by the rules of the studio.

Name of Parent / Guardian:

.....

Name of dancer:

.....

I.D. Number of Parent / Guardian:

Date:

Signature:

INDEMNIFICATION

I, **Riëtte Nel**, Founder of **Riëtte's Dance and Fitness Studio**, or any other authorized person in loco parentis, waive and abandon any claim of injury or loss or damage, whether to person or property against **Riëtte Nel** and all persons in teaching authority.

Parent/Guardian

Date

CLIENT HEALTH QUESTIONNAIRE: COVID-19

Dear Parent / Guardian / Caregiver

The evidence emerging from countries around the world is clear and consistent: children are less likely to catch COVID-19. The Department of Health is establishing health safety measures to keep all children safe during this pandemic. However, a small number of serious medical conditions may put children at risk of becoming severely ill, and the Department needs to know about this to ensure that the necessary support and protection are provided.

Please complete the form below regarding any **MEDICAL CONDITION** your child has as well as a few other questions relating to your family environment which will help to ascertain whether your child can resume the activity. Your family's health information will be kept confidential.

NB. Do NOT send your child/children to 'The Business' if they are unwell or sick – this includes having a sore throat, runny nose, mild cough, headache, or mild fever (high temperature). If needed take them to a health practitioner or the nearest clinic.

Name of Student	Name of Parent/Guardian
Gender: Female Male	Relationship (Mother, Father, Aunt, Grandmother etc.)
Identity Number	Home Address
Postal Address	Cell Number

Below is a list of conditions that may cause your child to be severely ill if COVID-19 is contracted. To respond, please circle Yes if your child has the condition or No if he or she does not have it.

Please indicate if your child is on chronic medication or is currently receiving treatment for these conditions	Describe the medication prescribed by your doctor Dr Name: Clinic Name: Telephone number:	
Asthma	Yes	No
Tuberculosis	Yes	No
Pregnancy	Yes	No
Chronic severe respiratory tract diseases (Inherited conditions, e.g. cystic fibrosis, Chronic lung diseases)	Yes	No
Congenital Cardiac Disease (not corrected by surgery)	Yes	No
Severe immunodeficiency (both inherited and acquired). This includes HIV infection with a low CD4 count, cancer (on treatment) or children on Immunosuppressive drugs e.g. after a transplant	Yes	No
Other (e.g. diabetes) not covered above:	Yes	No
Are you a healthcare worker?		
Is anyone in your household a healthcare worker?		
Do you or anyone in your household work in a healthcare facility where patients are being treated for Covid-19.		
In the past 14 days, have you been in contact with a confirmed or probable Covid-19 positive person?		
Do you have a mask which you will wear in this facility at all times?		
In the past 7 days, have you travelled inter-provincially?		
Have you or anyone in your household been tested for Covid-19 in the past 7 days?		
Do you have or have you had any illness in the past 14 days?		
Do you have any of the following symptoms in the last 14 days (cough/sore throat/ fever/chills/headache/shortness of breath/muscle or joint pain/sinusitis/diarrhoea)?		
Have you lost your sense of smell and or appetite?		
Have you visited or do you reside in an old age or retirement home?		

Do you have a pre-existing condition?		
Does anyone in your household have a pre-existing condition?		
Are you a high-risk employee/client/person?		
Is anyone in your household considered to be high risk?		