



PART TIME APPLICATION FORM.

Please **complete** the following form to enroll for part time classes and hand it in by the office.

*Date of enrollment:	*Academy:	*Subject:
Personal Detail		
Names:	Surname:	
Gender:	Date of Birth: DD/MM/YYYY	ID Nr:
Allergies or any other sickness we should know about:		
Contact Details of Applicant		
Home Address:	Cell Nr:	
	Tel Nr (H):	
	Tel Nr (W):	
Postal Address:	Email Address where accounts must be sent to:	
In Case of Emergency		
Name & Surname:	Relationship:	
Cell Nr:	Email:	
Tel Nr (W):	Tel Nr (H):	
Class Times		
Preferred time for Class/es:	Actual Class time:	
Class fees are payable by the second lesson to avoid suspension of classes until account is up to date.		
FOR OFFICE USE ONLY		
Student Nr:	Account Nr:	
Lecturer Name:	Processed by Academy Head:	

Indemnity Form

I,, the undersigned do hereby declare that I am the lawful parent/guardian of and that I am entitled to make this indemnity on behalf of my child for the period of

OR

I,, the undersigned do hereby declare that I am lawfully entitled to make this indemnity for the period of

- I hereby absolve the leadership, Principal and/or his assistant/s from any claim that might arise from injury, damage to property or loss, or any other claim whatsoever, whilst my child is/I am under their supervision, including injuries that might occur during classes or at any of the Create Training Centre student houses.
- In the event of any claim arising, as mentioned above, I declare that I will refrain from instituting any action against the leadership, the principal and/or his assistant/s for the relief of recovery of such damage or loss.
- I hereby give permission for the school, the principal and/or his assistant/s to transport my child/me to classes that will be taken at other venues than Create Training Centre itself. I hereby absolve the leadership, principal and/or his assistant/s from any claim that might arise from being transported.

Date signed at on this day of 20.....

Parent:

Student:

