IGNITE DANCE STUDIO

SABOD MODERN & HIP-HOP

2026 REGISTRATION (current dancer)

1. DANCE OPTIONS:

MODERN	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
HIP HOP	Level 6	Level 7	Level 8	Level 9	Level 10	Level 11	Level 12

MODERN	Pre-Associate	Associate	*Modern Open Only	*Modern Open Additional	Adult beginner
HIP HOP	Pre-Associate	Associate	*Hip Hop Open Only	*Hip Hop Open Additional	Adult beginner

MODERN	Private class	1 hour	45 min	30 min	Please refer to Dance fees for 2026
HIP HOP	Private class	1 hour	45 min	30 min	Please refer to Dance fees for 2026

***** Compulsory for ALL competition dancers

ACROBATICS / STRENGTHENING / STRETCHING CLASSES *	Yes	R180 PER MONTH

***** Compulsory for MODERN competition dancers

2. DANCER DETAILS:

Name: _____ Surname: _____

Cell nr: _____

3. CHANGES OF PERSONAL DETAILS OF PARENT / RESPONSIBLE ADULT:

Primary Contact Person:

Any changed cell nr/email address: _____

_____

Secondary Contact Person:

Any changed cell nr/email address: _____

_____

4. PREFERRED PAYMENT (Please tick preferred option – see dance fees 2025)

Per Month (Registration fee + 10 Months)		Per Quarter (Registration + 3 Terms)	

INDEMNITY FORM

I, _____, parent of _____

hereby give permission for him/her to participate in dance lessons and undertake to pay the Dance Fees on time as stipulated. I understand that I need to give ONE months' notice of cancellation of classes.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for medical aid/hospital accounts, where applicable, should injury be sustained, which cannot be ascribed to negligence on the part of the responsible teacher.

Please state below if your child has any medical conditions that the teacher should be aware of e.g. Allergies, asthma, epilepsy, abnormal bleeding etc.

_____

The following information is essential in the case of medical treatment or hospitalisation:

Medical Aid: _____

Medical Aid number: _____

Principal member: _____

Principal member ID number: _____

_____ _____

Parent signature Date

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