



## **STUDENT ENROLMENT FORM – WORKSHOPS**

Student's Name: \_\_\_\_\_

Parent/Guardian's name (where student is younger than 21 years):

\_\_\_\_\_

Name of Workshop to be attended: \_\_\_\_\_

Workshop dates: From: \_\_\_\_\_ to \_\_\_\_\_.

Referred to ACT Cape Town by: \_\_\_\_\_

What are your expectations of this workshop?

\_\_\_\_\_  
\_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

By signing this document the student (or guardian, where applicable) confirms that he/she has read the entire document and understood all of its contents. Please ensure also that as a student you have obtained the following: (a) a written statement setting out the method of payment and the cancellation policy and (b) ACT Cape Town's Code of Conduct which is to be strictly adhered to.

The student agrees that he/she will comply with the studio's rules and regulations. Should it be necessary, the guardian, by his/her signature to this form, undertakes to explain such rules and codes of conduct to the student for whom he/she is responsible.

In consideration of having enrolled for the ACT Cape Town Workshop, the student (and his/her guardian) hereby indemnify ACT Cape Town, its directors, members, employees, agents, consultants and staff against any loss, damages, claims, actions, proceedings, liability, claims, costs and expenses arising out of the student's attendance at the ACT Cape Town workshop/s and the student (and/or guardian) whilst on the premises where such workshop is being held.

Initials.....

**Method of Payment:**

The total amount of tuition fees is R \_\_\_\_\_. In order to secure a place in the workshop, the student is required to pay 50% of the total amount. The student (or his/her guardian) must also ensure that the remaining balance is paid 5 (five) days prior to commencement date of the workshop (being the dates stipulated on this enrolment form).

**Payment is to be made to ACT CAPE TOWN and must be made by electronic payment / direct deposit only.**

**The bank details of Act are as follows:**

ACT CAPE TOWN ACT CC

Branch name: Absa Wealth – Cape Town

Branch Code: 632 005

Account number: 40-7295-1805

Please note: Deposit is non-refundable!

**Cancellation**

In the event that the student is unable to attend a workshop in terms of the dates booked, such student (or his/her guardian) must notify ACT Cape Town by no later than 48 hours from the time the workshop is due to commence. ACT Cape Town will allow a student who cancels timeously (within the 48 hour period) only one opportunity to re-schedule the workshop date at no extra cost to the student.

Should the student fail to give the requisite notice to ACT Cape Town, the student agrees that ACT Cape Town is entitled to withhold all monies already paid by such student and that such monies are forfeited in favour of ACT Cape Town. In order to give 48 hour notice for cancellation, the student may call ACT Cape Town on 021 419 7007 or e-mail ACT Cape Town on [info@actcapetown.co.za](mailto:info@actcapetown.co.za).

**Student code of Conduct:**

- **Punctuality:** please call in ahead of time to the ACT studio if you are not going to make a class or going to be late. Students can arrive within the first 15 minutes of class if they are running late – after which the door will be closed and no late comers will be accepted. If arriving late, do not just walk into the acting space if some-one or all of the class are working, instead wait until the completion of a warm-up, exercise or scene before advancing.
- **Performance Preparation & Rehearsal:** a minimum of six hours per week (plus individual homework time) of rehearsal is expected from students. If you are having any trouble with your scene partner, he/she is letting you down, not showing up when agreeing to meet, please call the ACT office directly & immediately. Please respect your scene partner and know how your preparation & rehearsal is essential to the success of the scene.
- **Participation:** we require your 100% focus and commitment when studying at ACT.

Such examples of professionalism should follow into every area of your work, be it in studio, on set, when attending rehearsals, wardrobe calls etc. Please remember that you are an ambassador for ACT. We instil a high level of professionalism in all our students. Should we receive negative feedback from ACT coaches & / class members & / from prominent people in the film industry regarding unprofessional and disrespectful behaviour; your dismissal from ACT will be brought under serious consideration.

Instances of verbal abuse, vandalism of equipment and facilities, physical conflicts, theft, possession of illegal substances, weapons and violent behaviour will result in immediate dismissal from the Studio. NO EXCEPTIONS!

**Terms and conditions:**

ACT Cape Town reserves the right to a. Withhold certification from any student failing to comply with the ACT standard requirement of 80% attendance (unless a doctors certificate / performers certificate is provided) b. Dismiss any student who is persistently late and / or absent from workshop classes and will not in such an instance refund any of the fees paid by the student c. Hold student liable for all fees owing/paid in respect of the above stated workshop, should student fail to attend workshop classes d. Use a student's likeness or performance in brochures, advertising, the web and for any other promotional or educational purpose and e. Change, without notice, the workshop structure and/or schedule and/or coach.

In the event of absenteeism (a doctors certificate / performers certificate is to be provided), the student may utilize a maximum of 2 (two), 1 (one) hour private coaching sessions per workshop, charged at a discounted rate of R200.00 per hour, to make up for time and work missed. Thereafter, private coaching will be charged at the normal rate as stipulated on the ACT website. The aforesaid private coaching sessions must be scheduled in advance & are to take place 1 (one) hour before the workshop classes commence.

**Student's undertaking:**

My signature below certifies that I, as a student (or guardian where applicable), have read and fully understood my obligations and responsibilities in relation to ACT Cape Town, and that I agree with ACT Cape Town's Payment and cancellation policies and it's Code of Conduct.

Signature of Student (or Guardian) \_\_\_\_\_

Date \_\_\_\_\_