

ENROLMENT CONTRACT FORM – SWEDISH MASSAGE SHORT COURSE

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Name: _____

Address: _____

_____ Postcode: _____

Telephone Number: _____ Date of Birth: _____

I, _____

wish to enrol at the Centre of Wellness, 620 Clayton Road, Helena Valley.

Preferred Day/Dates: _____

<u>PAYMENT OPTION 1</u>		<u>PAYMENT OPTION 2</u>	
		Deposit	\$235.00
		6 weekly payments of \$100	\$600.00
Total	\$750.00	Total	\$835.00

Please indicate which payment option you wish to use:

Option 1: ()

Option 2: ()

Payment Details:	CASH () \$ _____	CHEQUE () \$ _____
VISA ()	BANKCARD ()	BANK DEPOSIT ()
Card Number: _____	Expiry Date: _____	
Cardholder Name: _____	Amount: \$ _____	
Cardholder Signature: _____		
Authority to debit Credit Card _____		
Date of Authority _____		

1. I agree the deposit for my course is payable at least 7 days before the start of the course.
2. I agree that if paying instalments, I will authorise the Centre of Wellness to deduct by weekly payments with my credit card.
3. I acknowledge that on signing this agreement I become liable to pay the full amount, whether or not I attend all the classes or withdraw before the end of the course.
4. I understand that delays in paying my fees will result in my exclusion from class.
5. I agree that if I cancel my enrolment in a course less than 7 days before the course starts there is no refund and the fee paid will be credited to a future course.
6. I accept that a \$10.00 fee will be imposed on all late payments outstanding for a period of greater than 7 days.
7. I understand that if I am absent from any lesson, there will be a \$125 fee per day imposed for a private lesson, before I can return to class.
8. I agree to indemnify the Centre of Wellness in respect to all debt collection costs and commissions as a result of my fees becoming outstanding.
9. I understand the Centre of Wellness cannot accept responsibility for any accident, injury damage or loss of property through negligence and/or inappropriate behaviour.
10. I have read and understood and agree to abide by these conditions.
11. I understand that this contract is in my name only, applies to me alone and cannot be transferred to any other party.

Student Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____
For Students under 18 years of age

Parent/Guardian Signature: _____ Date: ____/____/____

C/M: _____ Date: ____/____/____