



VERCHOVYNA SCHOOL ENROLMENT FORM

MEMBER DETAILS

Surname _____

Given Names Member 1: _____ DOB: _____
 Member 2: _____ DOB: _____
 Member 3: _____ DOB: _____

Address _____ Postcode _____

Telephone Home: _____ Mobile: _____ Other: _____

Email 1 _____ **Email 2** _____

Note - Completion of all fields is required including one suitable email address. Email is used regularly for Verchovyna communications. Please notify Verchovyna Administration of any changes to contact details throughout the year.

FAMILY DETAILS

Parents/Guardian Names	Telephone
1. _____	_____
2. _____	_____

EMERGENCY CONTACT DETAILS

Names	Telephone	Relationship to family
1. _____	_____	_____
2. _____	_____	_____

MEMBERSHIP/FEE DETAILS

Senior Ensemble, Intermediate & Elementary Dancers:

Dancing Fee \$150 per dancer (No of dancers: _____ Total: _____)
 (CYM Member Fee) \$110 per dancer (No of dancers: _____ Total: _____)

Primary, Beginner and Kinder Dancers:

Dancing Fee \$140 per dancer (No of dancers: _____ Total: _____)
 (CYM Member Fee) \$100 per dancer (No of dancers: _____ Total: _____)

Mamas & Bubs flat fee \$60 no Costume Levy (No of dancers: _____ Total: _____)

Costume Levy: \$25 per family

Note: Fees are inclusive of venue hire and insurance

(Admin Use)

2015 FEES \$ _____ **OUTSTANDING FEES** \$ _____ **TOTAL** \$ _____



PARENTAL / MEMBER CONSENT

Please read all of the conditions below prior to signing at the bottom of this form. Your signature will be considered an acceptance of all the terms and conditions.

Data Collection:

This information is collected for the purpose of planning and organising Verchovyna dance classes and performances and for regular communications. It will be disclosed as appropriate to Verchovyna dance teachers, administration and costume teams as well as CYM Uprava Melbourne. We ask your assistance in updating this information when required. This information will be kept securely and may be accessed upon request. I understand that it is my responsibility to notify Verchovyna administration of any changes to these details.

Authorisation for Medical Attention:

In the event that Verchovyna administration or teachers cannot contact authorised persons or legal guardians, I authorise the administration of medical attention to any of the registered members in accordance with the recommendation of a qualified medical practitioner.

Member Obligations/Acceptable Behaviour:

I acknowledge that acceptable standards of behaviour will be expected of all Verchovyna members. I consent to participation in all concerts and activities held by the ensemble. I have read and understood the Verchovyna Member Obligations and Discipline Policy.

Use of Image Permission:

I give permission for photographs/images of the person/persons named above, to be used without acknowledgement, remuneration or compensation in various promotional materials, authorised by CYM/Verchovyna, or its member organisations, including, but not limited to programs, newsletters, posters, web sites, magazine and newspaper articles.

Verchovyna Fees:

I agree to pay all Verchovyna fees and levies for persons named in this form before end of Term 1, 2015 as outlined in the Verchovyna Member Obligations and Discipline Policy.

Signature of Parent/Guardian/Member:

Date:

PAYMENT DETAILS (Admin Use)

Payment \$ _____ Receipt No _____ Balance Owing \$ _____

Payment \$ _____ Receipt No _____ Balance Owing \$ _____

Payment \$ _____ Receipt No _____ Balance Owing \$ _____