



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 \$170 per dancer (No of dancers: _____ Total: _____)

(CYM Member Fee) \$130 per dancer (No of dancers: _____ Total: _____)

Primary, Beginner and Kinder Dancers:

Dancing Fee \$160 per dancer (No of dancers: _____ Total: _____)

(CYM Member Fee) \$120 per dancer (No of dancers: _____ Total: _____)

Costume Levy: \$25 per family

Note: Fees are inclusive of venue hire and insurance

(Admin Use)

2017 FEES \$ _____ OUTSTANDING FEES \$ _____ TOTAL \$ _____



PARENTAL / MEMBER CONSENT

Please read all 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 & Video Permission:

I give permission for photographs/images/videos 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, 2017 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 \$ _____



Medical Information Form

This information is collected for the purpose of ensuring the safety and well being of members stated in this form. It will be disclosed as appropriate to Verchovyna leaders / instructors. We ask your assistance in updating this information as necessary. This information will be kept securely and may be accessed upon request.

FAMILY MEDICAL DETAILS

General Practitioner /Doctor Name: _____

Contact Business Hours: _____ After Hours: _____

Medicare Number _____ Expiry Date _____ Ref. No _____

Medical/ Hospital Insurance Fund _____ Contribution No _____

Emergency Contact

Name _____ Relationship _____

Emergency Telephone: After Hours _____

Business Hours _____



Personal Details Member #1

Member's Full Name: _____ Position on Medicare Card: _____

Address: _____

Date of Birth: _____ AGE: _____

Medical History

Please tick if the above named member suffers any of the following:

- Heart Condition
- Dizzy Spells
- Black outs
- Other
- Diabetes
- Sleepwalking
- Migraine
- Please specify
- Fits of any type
- Asthma
- Travel Sickness

Please attach Management Plan as required for any of the above

Allergies to:

- Penicillin
 - Any food
 - Other Drugs
 - Other Allergies
- Please specify

What special care is recommended?

Tetanus Immunisation

Last tetanus immunization was _____

Tablets and Medicines

1. Is the above named member presently taking tablets and/or medicine? YES/NO
If YES, please state name of medication, dosage etc

Dietary Requirements

Are there any special dietary requirements? YES/NO
If YES, please specify



Personal Details Member #2

Member's Full Name: _____ Position on Medicare Card: _____

Address: _____

Date of Birth: _____ AGE: _____

Medical History

Please tick if the above named member suffers any of the following:

- Heart Condition
- Dizzy Spells
- Black outs
- Other
- Diabetes
- Sleepwalking
- Migraine
- Please specify
- Fits of any type
- Asthma
- Travel Sickness

Please attach Management Plan as required for any of the above

Allergies to:

- Penicillin
 - Any food
 - Other Drugs
 - Other Allergies
- Please specify

What special care is recommended?

Tetanus Immunisation

Last tetanus immunization was _____

Tablets and Medicines

1. Is the above named member presently taking tablets and/or medicine? YES/NO
If YES, please state name of medication, dosage etc

Dietary Requirements

Are there any special dietary requirements? YES/NO
If YES, please specify



Personal Details Member #3

Member's Full Name: _____ Position on Medicare Card: _____

Address: _____

Date of Birth: _____ AGE: _____

Medical History

Please tick if the above named member suffers any of the following:

- Heart Condition
- Dizzy Spells
- Black outs
- Other
- Diabetes
- Sleepwalking
- Migraine
- Please specify
- Fits of any type
- Asthma
- Travel Sickness

Please attach Management Plan as required for any of the above

Allergies to:

- Penicillin
 - Any food
 - Other Drugs
 - Other Allergies
- Please specify

What special care is recommended?

Tetanus Immunisation

Last tetanus immunization was _____

Tablets and Medicines

1. Is the above named member presently taking tablets and/or medicine? YES/NO
If YES, please state name of medication, dosage etc

Dietary Requirements

Are there any special dietary requirements? YES/NO
If YES, please specify



Consent to Medical Attention

I authorise the leaders of Verchovyna, where it is impracticable to communicate with me, for the members named in this form receiving such medical or surgical treatment as may be deemed necessary.

I declare that the information provided on this form is complete and correct.

Member Name #1 _____

Member Name #2 _____

Member Name #3 _____

Signed:

Member/ Parent / Legal Guardian:

Date

Witness:

Date

Note: Please ensure that you have completed all relevant information and return this form to the Verchovyna Enrolment Officer.

I understand that it is my responsibility to notify Verchovyna Administration of any changes to these details.



VERCHOVYNA MEMBER OBLIGATIONS / DISCIPLINE POLICY

This policy is designed to ensure all participants of Verchovyna are aware of their obligations as members of the Verchovyna dance ensemble, thereby ensuring effective management of the group and safety of all participants.

EXPECTATIONS OF PARTICIPANTS:

1. To be present and punctual for every rehearsal and performance.
2. To be organised prior to lessons to ensure maximum learning time is utilised e.g attend to the toilet, bring a water bottle and be dressed in correct attire.
3. To carry out instructions given by an instructor.
4. To treat each other, instructors, guests, with courtesy and respect and to use appropriate language at all times whether it be at rehearsals or performances.
5. To take considerable care of borrowed costumes and return them promptly after performances.
6. To wear the correct attire to rehearsals. Runners are *not appropriate* foot attire as they impose a false sense of grip for the dancer and some steps are more difficult to execute when wearing them. An outline of the required dance attire for rehearsals is issued in the *Newsletter* at the beginning of each year.
7. For parents to escort their child/children into the foyer or rehearsal space for rehearsals and collect them from the foyer or rehearsal space after rehearsals.
8. If you/your child/your children are unable to attend rehearsal, notify relevant teacher/s prior to the class.
9. For parents/dancers to ensure enrolment fees and costume levies are paid on time, no later than end of Term 1, or as otherwise agreed to with the Enrolment Officer.
10. For parents/dancers to ensure all contact and medical details are kept up to date via the Enrolment Officer.
11. To show respectful use of surroundings within our hired facility.



If participants do not adhere to these expectations, a decision may be made to exclude them from participation in future performances. Such a decision will be made at the discretion of the instructors.

EXPECTATIONS OF INSTRUCTORS:

1. To be responsible for the discipline, organisation and management of their group.
2. To lead by example in punctuality and courtesy.
3. To take the roll at the beginning of each class; recording all late arrivals and absences.
4. To deal with inappropriate behaviour. In this situation insist on correction and apology. Issue the participant with a verbal warning indicating a second offence would mean being reported to Administration followed by distribution of a written Behaviour Report to the parents. Record the participant's name, date of offence and reason for the verbal warning. *Do not* expel a participant from the hall because you are responsible for their whereabouts during your lesson time.
5. To plan, prepare and assist their dance group for external performances. Where applicable, attend and support their class in these performances.
6. To work collaboratively as part of the Verchovyna Artistic Team.
7. To attend Verchovyna Artistic Team planning meetings.
8. To have an up to date and applicable 'Working with Children Check'