



Consisting of:

*Machaneh Christian School of Dance, Sunshine Christian Dance Syllabi,
Machaneh Ballet Company and Machaneh Dramatic and Vocal Arts.*

Studio: 16 Pine Grove Road, Woombye Ph: 5442 3333 Mob: 0413 776 874
P.O. Box 215, Woombye 4559 Email: m.i.c.a@iinet.net.au

ENROLMENT FORM

STUDENT'S NAME: DOB:

(Surname) (Christian Names)

PARENT/S NAME/S:

(If applicable) (Surname) (Christian Names)

STUDENT'S ADDRESS:

(Street) (Suburb) (Postcode)

STUDENT'S PH No's:

(Home) (Work-Which Parent, if applicable) (Mobile-Which Parent, if applicable)

STUDENT'S/PARENTS EMAIL:

STUDENT'S DOCTOR: PH:

DR'S ADDRESS:

List any medical conditions e.g. asthma, heart condition, sport injuries etc. which may affect student's health:

.....

STUDENT HISTORY:

Classical Ballet Level Achieved:

Jazz Ballet Level Achieved:

Tap Level Achieved:

Drama Level Achieved:

Vocal Level Achieved:

CURRENT CLASS OR CLASSES THE STUDENT IS ENROLLING IN:

.....

.....

I/We acknowledge that Machaneh is a non-profit organization and cannot operate without fees being paid by parents/students. If fees are not paid by the due date, then students may be excluded from classes. I/We agree that if my/our financial circumstances change and I am/we are unable to pay as agreed, notification will be made immediately to request alternative payment arrangements.

Signed: Dated:

OFFICE USE ONLY

Fee Total: Paid: Date:

Nonrefundable Deposit Paid:..... Direct Debit Arrangements:



WAIVER

Machaneh Christian School of Dance, Machaneh Ballet Company and Machaneh Drama and Vocal Arts does not accept liability for the following: injury, accident, loss or damage sustained to persons or property, or expenses arising from/or while attending classes, workshops, rehearsals or presentations, whether in hall, churches or any venue– neither be liable for injury, accident, loss or damage while traveling to and from venues or destinations within Australia or overseas.

Due care and attention must be exercised at all times whilst attending Machaneh Christian School of Dance, Machaneh Ballet Company and Machaneh Drama and Vocal Arts.

I declare I have read the above and agree to adhere to the terms of its contents, and attendance is at my own risk.

PARENT'S SIGNATURE: _____ **DATE:** _____
STUDENT'S SIGNATURE: _____ **DATE:** _____

BEHAVIOUR CODE

1. We are all here to glorify **JESUS** and Him alone.
2. All students are to show the teacher respect and to obey them at all times.
3. Respect your fellow students and be a blessing to each other.
4. Enter and leave the studio in a quiet, orderly manner as to not disturb other classes.

PARENT'S SIGNATURE: _____ **DATE:** _____
STUDENT'S SIGNATURE: _____ **DATE:** _____

The **Machaneh Christian School of Dance, Machaneh Ballet Company and Machaneh Drama and Vocal Arts**, reserves the right to ask a child to sit out of class if Dress or Behavior code is not observed. We also reserve the right to ask for a child to be removed from the Dance Academy if there are repeated infringements.

PARENT'S SIGNATURE: _____ **DATE:** _____
STUDENT'S SIGNATURE: _____ **DATE:** _____

MACHANEH CHRISTIAN SCHOOL OF DANCE, MACHANEH BALLET COMPANY & MACHANEH DRAMA AND VOCALS, WILL NOT BE HELD RESPONSIBLE LEGALLY OR MORALLY FOR ANY INJURIES INCURRED DURING CLASSES OR WHILST THE SAID CHILD IS ON THE PREMISES. THE CHILD WILL BE THE SOLE RESPONSIBILITY OF THEIR PARENT/GUARDIAN UNLESS IN THEIR ALLOCATED CLASSES. CHILDREN ARE REQUIRED TO STAY IN DESIGNATED SAFE AREAS WHEN NOT IN CLASS.

PARENT'S SIGNATURE: _____ **DATE** _____



CONSENT FORM

Photographic/Video/Audio/Communication release

To be completed by anyone participating in any Machaneh Christian School of Dance, Machaneh Ballet Company, Dramatic and Vocal Arts and Worship Him publications, photograph, video or audio recording.

1. PARTICIPANT DETAILS

Full Name: _____

Home Address: _____

Telephone: _____ Fax: _____ D.O.B: _____

2. PHOTOGRAPHIC/VIDEO/AUDIO/COMMUNICATION RELEASE

I authorize Machaneh Christian School of Dance, Machaneh Ballet Company, Machaneh Dramatic and Vocal Arts, and Worship Him Publications to take and use any photographs, video or sound recordings of me/my child and any other reproductions or adaptations of me/my child's likeness ("the material"), either in full or part, in conjunction with any wording or drawings, in any Machaneh Christian School of Dance, Machaneh Ballet Company, Machaneh Dramatic and Vocal Arts, and Worship Him Publications, production or presentation. I acknowledge that I have/my child has no financial/legal or royalties' right in the material used for whatever purpose, nor in any Machaneh Christian School of Dance, Machaneh Ballet Company, Machaneh Dramatic and Vocal Arts and Worship Him Publications, production, presentation or any publications that includes the material. All photographs, choreography, costuming, video or sound recordings, scripts are subject to copyright laws. Any unauthorized reproduction of any kind, other than for the organisations ("listed above") uses, will be subject to legal action.

3. AUTHORISATION

I authorize Machaneh Christian School of Dance, Dramatic and Vocal Arts, to take the action indicated above.

Signature of Participant: _____ Date: _____

Where the participant is a child:

Full name of child's parents or guardian: _____

Home address: _____

Telephone: _____ Fax: _____ Date: _____

Signature of Child's Parent or Guardian: _____

4. IMPORTANT INFORMATION FOR PARTICIPANTS

What is this consent for?

This consent form, when completed and signed by the participant and, where the participant is a child the participant's parent or guardian, will authorise Machaneh Christian School of Dance, Dramatic and Vocal Arts and Worship Him Publications to use any photograph, video footage or sound recording of the participant in any Machaneh Christian School of Dance, Machaneh Ballet Company, Machaneh Dramatic and Vocal Arts and Worship Him Publications, productions, presentations and printing.

Who should sign the consent form?

The participant, AND where the participant is a child, the participant's parent or guardian. While Machaneh Christian School of Dance, Machaneh Dance Company, Dramatic and Vocal Arts and Worship Him Publications, will make all reasonable efforts to ensure that only appropriately authorised persons complete the consent form and sign the authorization in section 3, Machaneh Christian School of Dance, Machaneh Ballet Company, Machaneh Dramatic and Vocal Arts and Worship Him Publications, will not be responsible for circumstances in which it was misled as to the identity of that person.

Who is a child?

A child is defined as any person who has not yet turned 18 years of age.

What happens to the consent form once it is filled out?

The consent form will be placed on file and retained by Machaneh Christian School of Dance, Machaneh Ballet Company, Dramatic and Vocal Arts and Worship Him Publications. If requested a, photocopy of the form will be made available to the participant and/or the participant's parent or guardian.



M.I.C.A . VOLUNTEER FORM

FAMILY NAME: _____ PHONE: _____ H/W

PARENT/GUARDIAN:: _____ MOBILE: _____

I acknowledge that **MICA** rely on volunteers to help keep all costs to a minimum,
Maintaining affordable fees for all. To this end, I agree to **volunteer** in the following areas:

Please tick appropriate boxes:

- | | | |
|---|---|--------------------------|
| Costume Assistance: | To help Costume Mistress and be a 2 nd point of contact for parents. | <input type="checkbox"/> |
| Costume Team: | I can sew with a machine and have my own | <input type="checkbox"/> |
| | I can sew but don't have a machine | <input type="checkbox"/> |
| | I can hand sew | <input type="checkbox"/> |
| | I can't sew but would like to learn | <input type="checkbox"/> |
| | I can do craft/decorations | <input type="checkbox"/> |
| | I can paint | <input type="checkbox"/> |
| | I can baby sit | <input type="checkbox"/> |
| Events Coordinator: | To arrange fundraising and fellowship events through the year. | <input type="checkbox"/> |
| Events Assistance: | To help arrange fundraising and fellowship events | <input type="checkbox"/> |
| Marketing Coordinator: | To arrange advertising and promotions. | <input type="checkbox"/> |
| Shop and 2 nd Hand Convener: | Coordinating Sales. | <input type="checkbox"/> |
| Parent Reps: | Parents to inform other class parents of events. | <input type="checkbox"/> |

Thank you for your help. Many hands make light work.