



FirstStep Dance Academy Mid North Coast - Enrolment Student Detail Form

One registration form per family. Please fill out and return to Miss Gemma as soon as possible. Contact Miss Gemma for any queries or questions. All information provided will be kept confidential and for office use only.

Student 1: Name: _____

Student 2: Name: _____

Student 3: Name: _____

Address: _____

Student 1: Date of Birth: _____ / _____ / _____

Student 2: Date of Birth: _____ / _____ / _____

Student 3: Date of Birth: _____ / _____ / _____

Parent's Name: _____

Phone: _____ Mobile: _____

Email: _____

Emergency Contact Name
(another nominated family member): _____

Emergency Contact Number
(nominated family member above): _____

Relationship: _____

Is your child anaphylactic, asthmatic or have any other allergies we should be aware of; if so please attach your child's action plan/record sheet:

Does your child have any medical conditions or injuries we should be aware of :

Has your child listed on this form had any previous dance experience? If YES please state where and for how long:

For all new families enrolling; how did you hear about FirstStep Dance Academy Mid North Coast:

Please Tick the box suitable to which you wish to enrol your child in:

Class/Age Group	<input checked="" type="checkbox"/>
Preschool Petite Ballet Monday 11.30am	<input type="checkbox"/>
Preschool Petite Jazz Monday 12.00pm	<input type="checkbox"/>
Preschool Petite Ballet Tuesday 10.45am	<input type="checkbox"/>
Preschool Petite Jazz Tuesday 11.15am	<input type="checkbox"/>
Preschool Petite Ballet Wednesday 9.45am	<input type="checkbox"/>
Preschool Petite Jazz Wednesday 10.15am	<input type="checkbox"/>
Preschool Petite Tap Wednesday 10.45am	<input type="checkbox"/>
Preschool Petite Ballet Friday 1.30pm	<input type="checkbox"/>
Preschool Petite Jazz Friday 2.00pm	<input type="checkbox"/>
Beginner Jazz (4 YRS-Kinder) Monday 3.45pm	<input type="checkbox"/>
Beginner Ballet (4 YRS-Kinder) Monday 4.15pm	<input type="checkbox"/>
Beginner Tap (4 YRS-Kinder) Saturday 9.00am	<input type="checkbox"/>
Beginner Jazz (4 YRS-Kinder) Saturday 9.30am	<input type="checkbox"/>
Beginner Ballet (4 YRS-Kinder) Saturday 10.00am	<input type="checkbox"/>
Primary Jazz (Year 1-2) Monday 4.45pm	<input type="checkbox"/>
Primary Jazz (Year 1-2) Friday 3.45pm	<input type="checkbox"/>
Primary Ballet (Year 1-2) Friday 4.30pm	<input type="checkbox"/>
Primary Tap (Year 1-2) Saturday 10.30am	<input type="checkbox"/>

Primary Lyrical/Contemporary (Year 1-2) Saturday 11.15am	
Primary Boys ONLY Hip Hop (Kinder-Year 2) Monday 5.30pm	
Junior Boys ONLY Hip Hop (Year 3-6) Monday 6.00pm	
Junior Tap (Year 3-4) Tuesday 5.30pm	
Junior Girls ONLY Hip Hop Tuesday 6.15pm	
Junior Lyrical/Contemporary (Year 3-4) Wednesday 4.30pm	
Junior Jazz (Year 3-4) Wednesday 5.30pm	
Junior Lyrical/Contemporary (Year 3-4) Friday 5.15pm	
Junior Jazz (Year 3-4) Friday 6.00pm	
Junior Ballet (Year 3-4) Saturday 8.15am	
Pre- Intermediate Lyrical/Contemporary (Year 5-7) Thursday 4.00pm	
Pre-Intermediate Jazz (Year 5-7) Thursday 4.45pm	
Pre- Intermediate Ballet (Year 5-7) Thursday 5.30pm	
Intermediate Jazz (Year 8-10) Thursday 6.15pm	
Intermediate Lyrical/Contemporary (Year 8-10) Thursday 7.00pm	
8/U Performance Team Wednesday 3.45pm	
10/U Performance Team Tuesday 4.30pm	
12/U Performance Team Monday 6.45pm	
14/U Performance Team Monday 7.30pm	
Mum's and Bub's Introduction to Dance (6months-18months) Saturday 12.00pm	
Private Lesson Saturday 7.30am *(to be liaised and confirmed with Miss Gemma)	
Private Lesson Saturday 12.45pm *(to be liaised and confirmed with Miss Gemma)	
Private Lesson Saturday 1.15pm *(to be liaised and confirmed with Miss Gemma)	

Terms and Conditions: Consent- Parent/Guardian By completing the FirstStep Dance Academy MNC 2020 Enrolment Form, parents/guardians confirm the student/s is in good health and may participate in dance classes at the studio. Any medical condition(s) must also be also be identified and consent given in case of an emergency requiring medical treatment or treatment at a hospital facility via an ambulance if required. Dancing is a physical skill. In order to help and facilitate the student's learning, the teacher may occasionally physically guide a movement by touch. This will be done in a professional manner and the

intention of the contact will be made clear. It is at all times the responsibility of parents/guardians is to ensure students are delivered and collected to classes safety, on time and not left unsupervised. We do have a waiting area where parents and students can wait however , students must be supervised at all times. FirstStep Dance Academy MNC is not responsible for students before or after their respective classes. FirstStep Dance Academy MNC reserves the right to exclude any students from classes an performances where class fees and costumes have not been paid in full and are up to date.

I agree

I disagree

Photographic and Video Permission: I grant permission to FirstStep Dance Academy Mid North Coast and its agents (PCYC Coffs Harbour) or employees, to use photographs and/or video footage of your child in the use of studio publications. This including FirstStep Dance Academy Mid North Coast and PCYC Coffs Harbour website, Instagram and Facebook pages and potential flyer or posters. I understand that by clicking agree below, I agree to what has been stated in this photo/video permission agreement and if at any point in time I change my mind or wish to disregard the agreeance and not want any photographs and/or videos to be published of my child to occur after I agreeing to the Photo/Video Permission Agreement, FirstStep Dance Academy Mid North Coast and PCYC Coffs Harbour will not take any responsibility.

I agree

I disagree

I wish to enrol my child/ren in FirstStep Dance Academy MNC and have fully read the prospectus for 2020 and understand and accept all terms and conditions stated.

Please note, your selected classes are not yet confirmed or guaranteed until you have received a confirmation email of your enrolment from FirstStep Dance Academy MNC. We will endeavour to fulfil your request classes, however we have limited class sizes to allow each student equal opportunities An email to confirm your class placement will be sent within the next 14 days. If you have not received the conformation email, it is your responsibility to follow this up to confirm we have received your enrolment.

Signed _____ Date: / /



PCYC POLICE CITIZENS
YOUTH CLUBS NSW



Club Membership Form

**A Charity Helping Youth Survive & Thrive
In Partnership with NSW Police**

MEMBER DETAILS PLEASE PRINT CLEARLY (*Mandatory information)

Member number _____
 Licence number _____
 Active Kids Voucher number _____
 Creative Kids Voucher number _____
 * Surname: _____
 * First name: _____
 * Date of birth: ____/____/_____
 * Street address: _____

 * Suburb: _____
 * Postcode: _____
 * Contact number: _____
 * Email: _____
 * I do not wish to receive any information or be contacted by PCYC NSW about its activities. (please tick if applicable.)

TICK ONE BOX ONLY Female Male Other

Are you of Aboriginal or Torres Strait Islander descent? No Yes

Do you use a language/s other than English at home? No Yes

Language: _____

CODE OF CONDUCT

Members are committed to the mission of Police Citizens Youth Clubs NSW Ltd (PCYC NSW) to provide recreational activities including sports, arts and life skills that offer young people the chance to lead and enjoy a good life.

In participating in a PCYC NSW program or activity, members agree to:

- respect the rights and dignity of all members, participants and the wider community;
- do not abuse or harass others with actions or words, place them in danger, treat them in a discriminatory way, or take advantage of them;
- respect the privacy of other members;
- help us provide a safe environment and safe activities;
- let us know if things are broken;
- report problems or behaviour that put yourself, or others, at risk of harm or abuse;
- a drug, alcohol and smoke-free PCYC NSW;
- a zero-tolerance policy on prohibited drugs, stimulants, steroids or doping for physical performance and;
- follow all PCYC NSW rules and policies.

I have read and understand the code of conduct in this PCYC NSW club membership form and acknowledge that misconduct may lead to suspension or cancellation of membership in, and access to, a PCYC NSW club.

PRIVACY

PCYC NSW is committed to the Privacy Act 1988 and the Health Records and Information Privacy Act 2002. For PCYC NSW to conduct its activities and comply with government law and regulations, it is necessary to collect and use certain kinds of personal information about club members. That information includes the information collected in this membership form and as a result of being a member.

As much as possible, PCYC NSW will only collect such information directly from you, but we may also collect information from a parent, guardian or third party in certain circumstances such as accidents or incident investigations. We will take reasonable steps to ensure that personal information is up to date and accurate, complete and secure, and to destroy information when it is not needed.

You may request access to any personal information PCYC NSW holds about you. PCYC NSW's privacy policy can be found at www.pcycnsw.org.au or be provided on request.

I have read and understand the PCYC NSW statement on privacy in this club membership form.

EMERGENCY INFORMATION PARENT / GUARDIAN / NEXT OF KIN
- if required, PCYC staff can contact the following:

CONTACT 1

First name: _____
 Last name: _____
 Date of birth: ____/____/_____
 Relationship: _____
 Contact number: _____

CONTACT 2

First name: _____
 Last name: _____
 Date of birth: ____/____/_____
 Relationship: _____
 Contact number: _____

EXISTING ILLNESSES AND INJURIES

Describe any illness, injury or health issue you have, or have recently experienced:

AUTHORISATION

- I authorise PCYC NSW to obtain all necessary medical treatment which may be required by me (or my child or ward) while in the care, control or custody of PCYC NSW, including any anaesthetic or surgical attention, which may be prescribed by an appropriately qualified medical practitioner. I acknowledge that the costs of any such treatment, including ambulance fees, will be my responsibility.
- I authorise PCYC NSW to exercise all reasonable control, necessary in the circumstances over me (or my child or ward) or over my (or my child's or ward's) behaviour while in the care, control or custody of PCYC NSW.
- I authorise PCYC NSW to undertake police checks on me as part of its membership acceptance and review processes. I acknowledge that initial and continuing membership and volunteering are subject to any decision by PCYC NSW, at its absolute discretion, based on such police checks and recommendations.
- I authorise PCYC NSW to use my, or my child's or ward's, photographic image and/or voice and/or words (all known as "digital resource") for promotional purposes. I assign any and all rights, title and interest in the digital resource to which I or my child or my ward may be entitled in law, to PCYC NSW, and agree to make no claim for compensation for the use of the digital resource.
- I acknowledge the range of activities run by PCYC NSW and consent to my or my child's or ward's participation in any activities run by PCYC NSW, or its agents.
- I acknowledge that PCYC NSW may from time to time contact me about events, activities and offers from PCYC NSW, and its partners. PCYC NSW will not share data with third parties. Please refer to the Privacy Policy at www.PCYCNSW.org.au for full details.

PARTICIPATION

- I acknowledge that participation in PCYC NSW activities involves the risk of injury and/or loss and damage to my property and that I participate in PCYC NSW activities at my own risk.
- PCYC NSW, its staff, management, volunteers or agents are not liable for any personal injury, loss or damage of property or expenses, including medical expenses, which I or my child or ward may suffer at the Club and/or as a result of a PCYC NSW activity.
- I acknowledge that, on this form, I have provided medical information only for emergency purposes, and that PCYC NSW is not liable for failing to use this information in any circumstances.
- I acknowledge that PCYC NSW membership does not include personal accident insurance coverage.



Club Membership Form

**A Charity Helping Youth Survive & Thrive
In Partnership with NSW Police**

PRE-EXERCISE QUESTIONNAIRE

(Only applicable to adults participating in an activity inside a gym or that involves the use of any form of weights. Individuals aged under 18 must complete a separate u18 pre exercise questionnaire)

This form is designed to assess whether you need a medical clearance before you commence an exercise program, join a health & fitness facility or aim to increase your current level of physical activity.

Please read each question carefully and answer them to the best of your knowledge.

1. Has your doctor ever said you have heart trouble or have you ever suffered a stroke?

YES NO

2. Do you ever experience unexplained pains in your chest at rest or during physical activity/ exercise?

YES NO

3. Do you ever feel faint or have spells of dizziness during physical activity/ exercise that causes you to lose balance?

YES NO

4. Have you had an asthma attack requiring immediate medical attention at any time over the past 12 months?

YES NO

5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?

YES NO

6. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/ exercise?

YES NO

7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/ exercise?

YES NO

If you answered YES to any of the above questions we require that you obtain clearance from a GP or health professional prior to undertaking or participating in a fitness activity in our facility.

An induction / orientation is offered to all persons above 18yrs. Please sign here if you do not wish to take part in an Induction.

Signed _____

USER DECLARATION & RELEASE OF LIABILITY

I wish to participate in organised gym and weights activities, and/or use gym and weights areas and equipment. I declare that: My membership is current; I am competent to use the Club's equipment; I will not misuse equipment; I will report faulty or damaged equipment; I acknowledge my membership commitment to follow the PCYC Code of Conduct.

I understand I am enrolling in a program of physical activity and use of various conditioning and exercise equipment.

I hereby affirm that I am in good physical condition and do not suffer from any medical conditions or have any physical restraints that would prevent or limit my participation in such physical activity. I fully understand that I may suffer injury as a result of my participation and I hereby release the Trainer and The Premises from any and all liability now or in the future, including but not limited to, medical expenses, lost wages, pain and suffering, that may occur

by reason of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, whether occurring during or after my participation in the program or use of the conditioning and exercise equipment and facilities, regardless of fault.

I hereby agree to accept and be legally bound by this agreement. By signing below, I attest, contract, acknowledge, and agree that I am legally bound in consent.

Signed _____

Date _____

Witness / Instructor _____

ACCEPTANCE AND SIGNATURE You will be required to provide photo-ID when submitting this form.

All the information provided by me on this form by me is accurate and true. I have read and accept those sections of this form relating to conduct, privacy, authorisation and participation. I acknowledge and accept that PCYC NSW's decision to accept or not accept my application is at PCYC NSW's discretion and is final.

Name of applicant _____

Signature of applicant _____

Date _____

IF THE APPLICANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN SHOULD SIGN

OFFICE USE ONLY

Witness name [PCYC staff member] _____

Signature of Witness _____

Date _____

Form of ID provided Driver Licence Passport Other (specify) _____ PCYC receipt number _____ Receipt date _____