



WELCOME TO GHAWAZEE MOON BELLYDANCE!

The following information will ensure you're ready for classes.

Please make sure you read through and if you have any questions, ask your teacher about it before class or you can call or text us on 0403020796 or send an email to bellydance@ghawazeemoon.com.au

COMPLETING YOUR ENROLMENT

Please bring along your registration form (both U18 and Adult forms are in this document) to your first class of the year. If you think you might forget, you can complete, scan and email it to us. If you don't have access to a printer, you can collect & complete a form in class.

FEES PAYMENT

Already paid your fees? That's great! Thank you so much! Term fees can be paid in cash, cheque (to Ghawazee Moon Bellydance, via paypal, credit card in week one, or by bank transfer (preferred method).

Bank Payments: Ghawazee Moon Bellydance
BSB# 112-879
ACCOUNT# 430517536

Please use your name (or invoice number if you have one) in the description/reference area.

Cash Payments: Please place your payment in a sealed envelope with your name, class and term written on the front.

STAYING CONNECTED

www.ghawazeemoon.teamapp.com

To access choreography notes, class information, music, updates, events, and notifications of last-minute changes to classes, we use Team App. You will need to sign up (create a profile - you don't need to fill out all the information the app asks for), find our team 'Ghawazee Moon Bellydance' and request access to your class group/team. You can download the free app to your phone or access the website version through a browser. If using the browser, you will still need to create a profile and request access as information for students is closed to the public.

If you're on facebook, you can like our page, Ghawazee Moon Bellydance, and request to join the Ghawazee Moon Bellydance Student Group. You can also find us on Instagram.

STUDIO LOCATIONS



Classes in Gungahlin are held at the "Gungahlin Community Centre" at 47 Ernest Cavanagh Street. You can enter through the front of the building or through the side entrance directly into the studio.



Classes in Civic are held at: "The Loft" in the Sydney Building on East Row (opposite the IGA, upstairs, next door to Croissant D'Or). The Loft is upstairs.



Classes in Melba are held at "Nellie Hall" on Chinner Cres (on the left hand side as you drive into the Melba Shops). Please enter through the playground gates.

WHAT TO WEAR

It's good to wear layers you can remove as you warm up and replace before you leave the dance space. This is important year-round. You'll need:

- Hair tied, pinned or pulled back away from your face
- A fitted top
- A scarf that ties around your hips
- Dance (yoga) pants (or leggings)
- Dance slippers (optional*)
- Yoga mat/towel for stretching in winter - floors can get cold!

Do not wear jeans or short skirts.

* Dance slippers/shoes are optional for class. If you are worried about toes getting cold, or if you are uncomfortable in bare feet, or wear orthotics, pick up some dance shoes from Bloch or TAPS Dancewear. You can sometimes find good bellydance slippers online.

*Some Folkloric style dances require shoes. We recommend ballet slippers in black or dyed to match your costume.

WHAT TO BRING TO CLASS

For Beginners, your dance bag should include:

- Bottle of Water
- Scarf that ties around your hips
- A Pen/Pencil
- Notebook/Folder to keep and write notes
- A couple of hair ties (if you have long hair)
- Zills/Segat/Finger Cymbals (if you have some)

Intermediate Students should also have:

- A veil
- Zills/Segat/Finger Cymbals
- A full circle practice skirt

Advanced Students should also have:

- Headphones (for solo choreography work)
- A copy of your music (for solo choreography work)

- New Enrolment 20__
- Re-Enrolment



ADULT REGISTRATION FORM

Enrolment, Permission & Medical Information*

CONTACT INFORMATION	
Student Name:	<input type="text"/>
Student Phone:	<input type="text"/>
Email Address:	<input type="text"/>

EMERGENCY CONTACT	
Contact Name:	<input type="text"/>
Contact Phone:	<input type="text"/>
Relationship to Student:	<input type="text"/>

Ghawazee Moon Bellydance sends e-news to students 6 times a year (each term, for our concert and summer).

- Yes, Please add me to the mailing list.
- No, thank you.

Dance Experience:

How did you find us?

ATTENDANCE AGREEMENT
<p>I _____ (name of student) will be participating in classes and workshops with Ghawazee Moon Bellydance in 20___. I authorise the dance instructor to obtain medical assistance as may be deemed necessary. I agree that I may receive emergency medical treatment, including first aid, and agree to meet any associated medical expenses, including ambulance. Public performances often attract media attention. I acknowledge, by signing, that I may be photographed or videoed at public performances by the media and members of the public. I acknowledge that performance images may be used by event organisers and Ghawazee Moon Bellydance for promotional purposes. I agree to pay term fees by week two of the term or as otherwise arranged with the school.</p> <p>SIGNED: _____ DATE: _____</p>

ENROLMENT INFORMATION	
Class 1:	<input type="text"/>
Day & Time:	<input type="text"/>
Class 2:	<input type="text"/>
Day & Time:	<input type="text"/>

MEDICAL ALERT
<input type="radio"/> Epilepsy <input type="radio"/> Blurred Vision <input type="radio"/> Allergies <input type="radio"/> Nosebleed <input type="radio"/> Fainting <input type="radio"/> Diabetes <input type="radio"/> Needs Glasses <input type="radio"/> Asthma <input type="radio"/> Anaemia <input type="radio"/> Concussion
<p>Please indicate and describe any other medical conditions of which we should be aware. If you suffer from asthma, allergies or any other condition that requires an action plan, please inform us <u>before you commence classes</u>, and provide the school with a copy.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

PAYMENT INFORMATION
<p>Payments by cash, cheque (to Ghawazee Moon Bellydance), paypal, credit card or bank transfer (preferred).</p> <p>ACCOUNT NAME: Ghawazee Moon Bellydance BSB: 112-908 ACCOUNT N^o: 430517536 <i>Please reference student name or invoice number.</i></p>

OFFICE USE ONLY	
TERM 1	<input type="checkbox"/>
TERM 2	<input type="checkbox"/>
TERM 3	<input type="checkbox"/>
UAGM	<input type="checkbox"/>
TERM 4	<input type="checkbox"/>
SUMMER	<input type="checkbox"/>
ENTERED	<input type="checkbox"/>
	LIST <input type="checkbox"/>

* This information is collected for administrative purposes only. Your information will not be released to, or shared with, a third party.

- New Enrolment 20__
- Re-Enrolment



U18 REGISTRATION FORM

Enrolment, Permission & Medical Information*

CONTACT INFORMATION	
Student Name:	<input style="width: 100%;" type="text"/>
<input type="phone"/> Student Phone: <input style="width: 150px;" type="text"/>	Birth Day: <input style="width: 80px;" type="text"/>
<input type="email"/> Email Address: <input style="width: 100%;" type="text"/>	

EMERGENCY CONTACT	
Parent/Guardian Name:	<input style="width: 100%;" type="text"/>
<input type="phone"/> Contact Phone: <input style="width: 100%;" type="text"/>	
Relationship to Student:	<input style="width: 100%;" type="text"/>

Ghawazee Moon Bellydance sends e-news to students 6 times a year (each term, for our concert and summer).

- Yes, Please add me to the mailing list.
- No, thank you.

Dance Experience:

How did you find us?

ATTENDANCE AGREEMENT
<p>I _____ (name of parent/guardian) give permission for _____ (student) to participate in classes and workshops with Ghawazee Moon Bellydance in 20__.</p> <p>I further authorise the dance instructor to obtain medical assistance as may be deemed necessary, for my child to receive emergency medical treatment, including first aid, and agree to meet any associated medical expenses, including ambulance.</p> <p>Public performances often attract media attention. You acknowledge, by signing, that your child may be photographed or videoed at public performances by the media and members of the public, and that images may be used by Ghawazee Moon Bellydance or event organisers for promotional purposes. I agree to pay term fees by week two of each term or as arranged by the school.</p> <p>SIGNED: _____ DATE: _____</p>

ENROLMENT INFORMATION	
Class 1:	<input style="width: 100%;" type="text"/>
Day & Time:	<input style="width: 100%;" type="text"/>
Class 2:	<input style="width: 100%;" type="text"/>
Day & Time:	<input style="width: 100%;" type="text"/>

MEDICAL ALERT
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<p>Please indicate and describe any other medical conditions of which we should be aware. If your child suffers from asthma, allergies or any other condition that requires an action plan, please inform us <u>before you commence classes</u>, and provide the school with a copy.</p> <p>_____</p> <p>_____</p> <p>_____</p>

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TERM 4	<input type="checkbox"/>	<input type="checkbox"/>
SUMMER	<input type="checkbox"/>	<input type="checkbox"/>
ENTERED	<input type="checkbox"/>	LIST <input type="checkbox"/>

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