



TERM 3 SPORTS & DANCE PROGRAMS

Child/ren's Name	D.O.B.	Medical Conditions	PCYC member number (on back of card)
1.			
2.			
3.			
4.			
RESPONSIBLE PERSON DETAILS (Parent or Guardian)			
FULL NAME:		PHONE NUMBER:	
EMAIL:			DOB:

PLEASE PLACE YOUR CHILDS NUMBER FROM ABOVE (1, 2, 3 or 4) IN THE BOX FOR THE CLASSES YOU WOULD LIKE TO ENROL THEM IN. Please double check day and time selected as PCYC Auburn will not take responsibility for errors made on the booking form.

DAY/ACTIVITY		AGE	TIME	SELECTED CLASSES
Monday				
Boxing For Fitness	\$50	5-8	4:00 – 4:45 PM	
Boxing Skills	\$50	13-15	5:00 – 5:45 PM	
Tuesday				
Multi-Sport	\$50	7-10	4:00 – 4:45 PM	
Bootcamp	\$50	13-16	4:30 – 5:15 PM	
Senior Hip hop	\$50	9-16	5:00 – 6:00 PM	
Fun Fitness	\$50	9-12	5:15 – 6:00 PM	
Wednesday				
Futsal Development	\$50	5-8	4:00 – 5:00 PM	
Futsal Skills	\$50	9-12	4:00 – 5:00 PM	
Senior Dance	\$50	9-16	5:00 – 6:00 PM	
Song and Dance	\$50	5-8	5:00 – 6:00PM	
Thursday				
Fun Fitness	\$50	5-8	4:00 – 4:45 PM	
Junior Dance	\$50	5-8	5:00 – 6:00 PM	
Friday				
Boxing For Fitness	\$50	9-12	4:00 – 4:45 PM	
Junior Hip hop	\$50	5-8	5:00 – 6:00 PM	
Sunday				
Futsal Development	\$50	5-8	10:00 – 11:00 AM	
Futsal Skills	\$50	9-12	11:00 AM – 12:00PM	
TOTAL:				

PLEASE INITIAL EACH BOX - I acknowledge and agree:

- I understand there is an annual **\$10 PCYC membership fee** for my child to participate in the PCYC programs.
- I understand that the After School Program fee of \$50 must be paid in full at the time of booking to secure a spot.
- I agree to the Indemnity statement, I, the parents/guardian have read and agree to the attached essential information and agree to the terms and conditions outlined below.
- I accept full responsibility for my child/ren's behaviour during the program and in the event of misbehaviour my child/ren may be excluded from the class
- I have made PCYC Auburn aware of any pre-existing medical conditions my child may have. PCYC Auburn is authorised to obtain medical assistance required in the event of any unforeseen accident or illness and I agree to meet any expenses attached hereto.
- I, the undersigned, agree that neither the PCYC nor its partners are liable for any losses, damage and/or injury occurred and/or sustained by my child/ren in attending After School Programs.

I _____ declare that I understand and agree to the indemnity statement acknowledgements and terms and conditions of the PCYC Auburn after school program. I have read and understood the terms and conditions.

Sign _____ **Date** _____ **Team member**

TERM 3 AFTER SCHOOL PROGRAM PAYMENT ONLY:

Office Use only:			
Total paid:	Date:	Receipt #:	Staff:
Payment method:	CASH	CARD	AKR

BOOKING IS NOT CONFIRMED UNTIL YOU HAVE RECEIVED AN EMAIL CONFIRMATION FROM PCYC AUBURN. PLEASE ENSURE YOUR EMAIL ADDRESS ON THIS FORM IS CORRECT.

PAYMENT DETAILS (required if booking via email)	
Please Circle:	VISA MASTERCARD
CARD #:	
Name on Card:	Signature:
Expiry:	CVC#:



PLEASE DETACH THIS PAGE AND KEEP IT FOR YOUR OWN REFERENCE

Terms and Conditions:

- Please return the enclosed enrolment form to the PCYC Auburn as soon as possible. Places are limited and we operate on a first come first served basis.
- Booking is not confirmed until you have received an email confirmation from PCYC Auburn. Forms can be submitted by either handing them into the club, or emailing them to auburn@pcycnsw.org.au

Code of Conduct:

- Rules are established for the safety and well-being of all participants. Disregarding rules may result in exclusion from the program following consultation with program staff and parents/guardians.
- Poor behaviour will not be tolerated, any behaviour deemed inappropriate or offensive may result in sanctioning.

Medical Conditions/ Additional Needs:

- Parents are required to inform the centre of any allergies or medical conditions their child has when enrolling. Parents are requested to explain known triggers, symptoms and management strategies when dropping off their child to help staff recognise and treat the condition. Please advise the centre of any special requirements.
- An Anaphylaxis/Asthma plan must be provided for students with these conditions.
- Parents/Carers are permitted on the courts/room to assist in the case of a student with additional needs. Any additional needs should be brought to the attention of coaches to ensure appropriate adjustments are made to the lesson if necessary.

Illness/Injury:

- Please do not bring children to class who are sick and may risk spreading illness.
- Any injuries must be reported to a coach and in the case of injuries requiring modification to skills, a doctor's certificate or physios note should be provided to coaches to detail the exact nature of the injury.

Missed Classes- credits/refunds:

- Make up classes are not offered for After School Programs.
- Credits can only be applied for lessons missed for medical reasons with a doctor's certificate provided or in other extreme circumstances if approved by the activities coordinator.
- A credit form will need to be filled out at the front desk and submitted with appropriate documentation. Credits will only be applied for weeks missed from the time a credit form is received until the end date of the medical certificate.
- Refunds will only be provided in the case of ongoing illness or injury with a doctor's certificate. A Refund form will need to be filled out at the front desk and upon approval from management a reimbursement form will be provided. Refunds take 3-4 weeks to process.
- Refunds/Credits are not offered for programs booked using Active Kids or Creative Kids vouchers. Bookings also cannot be transferred to the following term.