



## PCYC AUBURN RECREATIONAL GYMNASTICS ENROLMENT FORM TERM 1 2021

### Friday January 29<sup>th</sup> to Thursday 25<sup>th</sup> of March

Childs name/s	D.O.B	Medical Conditions	PCYC Card number
1.			
2.			
3.			

#### RESPONSIBLE PERSON DETAILS (Parent or guardian)

NAME:	PHONE:
EMAIL:	DOB:

#### ACTIVE KIDS VOUCHER DETAILS (if using)

Name:	Number:
Name:	Number:
Name:	Number:

**PLEASE PLACE YOUR CHILDS NUMBER FROM ABOVE (1, 2, or 3) IN THE BOX FOR THE CLASSES YOU WOULD LIKE TO ENROL THEM IN.**

Please double check class selected as PCYC Auburn will not take responsibility for errors made on the booking form!

#### RECREATIONAL CLASSES

				MON	TUE	WED	THUR	FRI	SAT
\$135	Kindergym	18mths-4 yrs	10am						
			11am						
\$135	Junior Gym	4-5 yrs	10am						FULL
			11am						
			12pm						
			4pm						
\$135	Gym for All	5-12 yrs	11am						
			12pm						
			1pm						
			2pm						
			4pm	FULL	FULL				
5pm	FULL	FULL							
\$135	Teen Rec	11+ yrs	6pm						

#### ADVANCED CLASSES (Must be selected or have passed level 3 GFA)

\$135	Acro Fun	5-9 yrs	12pm						
			4pm						
			5pm				FULL		
\$135	Acro Skills	9+ yrs	6pm						
\$135	Tramp Fun	5-9 yrs	4pm					FULL	
\$135	Tramp Skills	9+ yrs	6pm						
\$135	Tumble Fun	5-9 yrs	11am						
			4pm						
			5pm						
\$135	Tumble Skills	9+ yrs	6pm						

**2021 REGISTRATION FEE:**

All Rec - \$60

Kindergym - \$50



**PLEASE TICK 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 Gymnastics term fee must be paid in full at the time of booking to secure a spot.
- I understand that there is a non-refundable \$60 (\$25 in term 4) Gymnastics Australia insurance/registration fee payable upon the first gymnastics booking for the calendar year. This registration will expire on the 31<sup>st</sup> of December regardless of when it was paid.
- I agree to the indemnity statement, I, the parent/guardian have read and agree to the attached essential information.
- I accept full responsibility for my child/ren’s behaviour during the program and understand 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/ren 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 the gymnastics program.
- I agree to and have understood the terms and conditions & essential information which is available in the club or on the PCYC Auburn website.**

I \_\_\_\_\_ declare that I understand and agree to the indemnity statement acknowledgements and terms and conditions of the PCYC Auburn gymnastics program. I have read and understood the terms and conditions.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff member

**TERM 1 GYMNASTICS PAYMENT ONLY:**

<b>Office Use only:</b>				
Total paid:	Date:	Receipt #:	Staff:	
Payment method:	CASH	CARD	FAMILY CREDIT	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.**

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

**CREDIT CARD DETAILS ARE DESTROYED IMMEDIATELY AFTER USE**