



PCYC AUBURN RECREATIONAL GYMNASTICS ENROLMENT FORM TERM 2 2021
Monday April 19th to Saturday June 26th

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		FULL			FULL	FULL
			11am		FULL				
\$135	Junior Gym	4-5 yrs	10am				FULL		FULL
			4pm	FULL					
\$135	Gym for All	5-12 yrs	11am						FULL
			12pm						
			1pm						
			2pm						
			4pm	FULL	FULL	FULL	FULL	FULL	
			5pm	FULL	FULL		FULL	FULL	
\$135	Teen Rec	11+ yrs	6pm						
\$135	Open Cheer	14+ yrs	7pm						

ADVANCED CLASSES (Must have received an advanced class readiness certificate)

\$135	Acro Fun	5-9 yrs	12pm						
			5pm			FULL			
\$135	Acro Skills	9+ yrs	6pm	FULL					
\$135	Tramp Fun	5-9 yrs	4pm						
\$135	Tramp Skills	9+ yrs	6pm						
\$135	Tumble Fun	5-9 yrs	11am						
			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 31st 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 2 GYMNASTICS PAYMENT ONLY:

Office Use only:				
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.

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

CREDIT CARD DETAILS ARE DESTROYED IMMEDIATELY AFTER USE