



RECREATIONAL GYMNASTICS ENROLMENT FORM

Term 3

18th July- 24th September

Child/ren's Name	D.O.B.	Medical conditions and/or Special needs	PCYC number (on back of card)	Voucher Number
1.				
2.				
3.				
4.				

Please double check day and time selected as PCYC Auburn will not take responsibility for errors made on the booking term.

Please note any classes in red are advanced. Student MUST have received a readiness certificate!

Price	Time	Activity	Age	Selected Class
10 Week Term 1hr classes	MONDAY			
		Junior Gym	4 - 5	
Regular Price: \$155	4PM	Gymnastics for All	5 - 12	
	5PM	Gymnastics for All	5 - 12	
	6PM	Acro Skills	9+	
		Gymnastics for All	5 - 12	
	TUESDAY			
	11AM	Kindergym	2 - 4	
	4PM	Acro Fun	5 - 9	
	5PM	Tramp Fun	5 - 9	
	6PM	Tramp Skills	9+	
	WEDNESDAY			
		Junior Gym	4 - 5	
	4PM	Gymnastics for All	5 - 12	
	5PM	Gymnastics for All	5 - 12	
	6PM	Teen Rec	11+	
	THURSDAY			
	10AM	Junior Gym	4 - 5	
4PM	Gymnastics for All	5 - 12		
	Tumble Fun	5 - 9		
	Gymnastics for All	5 - 12		
5PM	Acro Fun	5 - 9		
6PM	Acro Skills	9+		
2022 Insurance Fees: All Rec- \$65 Kindergym- \$55	FRIDAY			
	10AM	Kindergym	2 - 4	
		Gymnastics for All	5 - 12	
	4PM	Tumble Fun	5 - 9	
	5PM	Gymnastics for All	5 - 12	
		Teen Rec	11+	
	6PM	Tumble Skills	9+	
	SATURDAY			
		Kindergym	18 months - 4	
	10AM	Junior Gym	4 - 5	
	Gymnastics for All	5 - 12		
11AM	Junior Parkour	5 - 8		
	Gymnastics for All	5 - 12		
12PM	Intermediate Parkour	9 - 12		
	Gymnastics for All	5 - 12		
	Senior Parkour	11+		
1PM	Acro Skills	9+		
2PM	Gymnastics for All	5 - 12		



Terms and Conditions

I understand there is an annual **\$15 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 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 accept full responsibility for my child/ren's behaviour during the program and understand in the event of misbehaviour mychild/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 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 the Indemnity statement, I, the parent/guardian have read and agree to the essential information which is available in the club or on the PCYC Auburn website and agree to the terms and conditions outlined above

I _____ declare that I understand and agree to the indemnity statement, acknowledgements and terms and conditions of the PCYC Auburn gymnastics program.

_____ **Sign**

_____ **Date**

_____ **Staff member**

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

IF YOU ARE EMAILING THIS ENROLMENT FORM, PLEASE ENSURE YOU HAVE PROVIDED PAYMENT DETAILS. ENROLMENT IS NOT COFIRMED UNTIL PAYMENT IS MADE.

Auburn@pcycnsw.org.au

PAYMENT DETAILS (required if booking via email) - VISA / MASTERCARD		
Total: \$	Name on Card:	Expiry:
	Card #:	CVC#:
	Signature:	

GYMNASTICS PROGRAM PAYMENT ONLY. CREDIT CARD DETAILS ARE DESTROYED IMMEDIATELY AFTER USE.