





Term 3

12th July 18th September 2021

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

**RESPONSIBLE PERSON FULL NAME:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

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.

RECREATIONAL CLASSES				For All levels					
COST	CLASS	AGE	TIME	MON	TUE	WED	THUR	FRI	SAT
\$135	Kindergym	18mths – 4	10am		FULL			FULL	
			11am						
\$135	Junior Gym	4 – 5	10am						FULL
			11am						
			4pm						
\$135	Gym for All	5 – 12	11am						
			12pm						
			1pm						
			2pm						
			3pm						
			4pm	FULL			FULL		
\$135	Parkour	5 – 8	1pm						
			2pm						
		9 – 12	4pm						
			3pm						
\$135	Teen Rec	11+	6pm						
\$135	Open Cheer	14+	7pm						

ADVANCED CLASSES				Must have received an advanced class readiness certificate					
\$135	Acro Fun	5 – 9	12pm						
			1pm						
			5pm						
\$135	Acro Skills	9+	6pm						
	Tramp Fun	5 – 9	4pm						
	Tramp Skills	9+	6pm						
	Tumble Fun	5 – 9	11am						
			5pm						
Tumble Skills	9+	6pm							

**2021 Insurance Fee:**

All Rec - \$60

Kindergym - \$50

GNSW Insurance Fee expires at the end of the calendar year.

Enrolment cannot be processed without a valid PCYC membership.

**Annual Membership: Junior \$10**



**\$300 FREE**



Claim your FREE \$100 Active Kid (x2) and \$100 creative kid voucher when enrolling into our programs.



**Terms and Conditions**

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 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 parents/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 DETROYED IMMEDIATELY AFTER USE**