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AU	BURN	PCYC the same			Ter	m 4	18 th Oc	tober	18th	December	· 2021	
Child/ren's Name		ie	D.O.B.	Medical Conditions Special needs		PCYC number (on back of card)		Voucher Number			Redeemed	
1.												
2.												
3.												
4.												
RESPO	ONSIBLE PERSO	N FULL NAI	ME:	•			•		D.O.B			
EMAII	L:					PHO	ONE NUM	BER:				
ļ	PLEASE PLACE YOUR Please double									KE TO ENROL TH		
	RECREATION	AL CLASSES					For	All leve	els			
COST	CLASS	AGE	TIME	MON	•	TUE	WED	1	THUR	FRI	SA	T
\$121 .50	Kindergym	2 – 4	10am 11am							FULL WAITLIST		
\$121 .50	Junior Gym	4 – 5	10am 11am 4pm					W	AITLIST		FU	LL
			11am 12pm 1pm									
\$121 .50	Gym for All	5 – 12	2pm 3pm		+						WAIT	LIST
			4pm 5pm	FULL FULL			FULL FULL			FULL FULL	WAIT	LIST
\$121	Teen Rec	11+	6pm									

.50	reen nee		- 1						
	ADVANCED	CLASSES		Must have received an advanced class readiness certificate					
	Acro Fun	5 – 9	12pm						
\$121 .50			1pm						
.50			5pm						
	Acro Skills	9+	6pm						
	Tramp Fun	5 – 9	4pm						
\$121	Tramp Skills	9+	6pm						
.50	Tumble Fun	5 – 9	11am						
			5pm						
	Tumble Skills	9+	6pm						
2021 Insurance Feet				All \$25 – expires 31/12/21					

Enrolment cannot be processed without a valid PCYC membership.

2021 Insurance Fee:

Annual Membership: Junior \$10



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

\$300 FREE (###)



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



Terms and Conditions

I confirm t	hat ALL adult me	mbers of my chi	ld's household are	fully vaccinated and I am prep	ared to provid	e proof if requ	iired		
I understa	I understand that in term 4 2021 Gymnastics will be drop off/pick up only – no spectating								
I understa	I understand there is an annual \$10 PCYC membership fee for my child to participate in the PCYC programs.								
I understa	nd that the Gymr	astics term fee i	must be paid in full	at the time of booking to secu	ure 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 st 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.								
				onditions my child/ren may ha dent or illness and I agree to m					
	I, the undersigned, agree that neither the PCYC nor its partners are liable for any losses, damage and/or injury occurred and/orsustained 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									
Iand terms and con-	ditions of the Po			rstand and agree to the indent.	emnity staten	nent, acknov	/ledgements		
	Sign			Date	Sta	ff member			
Office Use only:									
Total paid:		Date:		Receipt #:	S	taff:			
Payment metho	d:	CASH	CARD	FAMILY CREDIT	Г	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	
	Name on Card:	Expiry:
Total: \$	Card #:	CVC#:
	Signature:	