

## RECREATIONAL GYMNASTICS ENROLMENT FORM Term 1 2024: 29<sup>th</sup> January – 13<sup>th</sup> April

Child's first name:	Child's Surname:			
D.O.B:	Age: PCYC N	Number (back of card):		
Voucher number:		Redee	med: (office)	
Medical conditions and/or special needs:				
-				
Guardian full name:		D.O.B:		
Email:		Phone Number:		
TERM COST: \$180 (\$170 Kinder/Junior Gym)				
(based of 10-week term)				
2024 INSURANCE FEE:	Kinder/Junior Gym: \$55	Rec/Dev: \$65	Comp: \$105	
GI	NSW Insurance Fee expires at	the end of each calendar year	ar.	
Please double check the d	ay and time selected, as PCYC		sibility for errors made on	
	the booki	ng form.		

## Please circle the time on the day you wish to enrol your child into for Term 1

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Kindergym 2-3yrs (parent involvement)		10:30am				8am
Junior Gym 4-5yrs	4pm	11:15am		4pm		9am
GFA 6-8yrs	4pm / 5pm	4pm / 5pm	4pm	4pm / 5pm	4pm / 5pm	9am / 10am / 11am
GFA 9-12yrs	4pm / 5pm / 6pm	4pm / 6pm	4pm	4pm / 6pm	4pm / 5pm/ 6pm	9am / 10am
Teen rec 12-17					6pm	
Parkour Junior (age 6+)						11am
Parkour Senior (age 10+)		4pm				12pm
Adult Gymnastics (age 18+)			7pm			
	Intermed	iate recreat	ional classes (l	by invitation of	only)	
Junior Tramp & Tumble (age 6+)	6pm		5pm			10am
Intermediate Tramp & Tumble (age 10+)			6pm			11am

## Terms and conditions All fees are to be paid at time of booking. This includes: $\Box$ 1. PCYC Club membership or renewal 2. Term class fee 3. Gymnastics Australia insurance/registration fee PCYC Auburn offers up to 2 makeup classes per term for gymnastics programs if there is space available and management has been informed by email prior to the class commencing. If there is no space available in a class of the same or similar skill level or the available class does not suit your schedule, a makeup class will not be possible and you will not be issued a family credit or refund. Makeup classes can only be in the same term the lesson was missed. 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 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/orsustained by my child/ren in attending the gymnastics program. ☐ I understand PCYC's cancellation policy: We maintain a strict no-refund policy. Refunds are not provided for cancellations or non-attendance. The sole exception is for serious medical issues preventing participation, with a required medical certificate for verification. However, family credit can be given in the case of a change of mind, but refunds will not be possible. 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 \_\_\_\_declare that I understand and agree to the indemnity statement, acknowledgements and terms and conditions of the PCYC Auburn gymnastics program. Signature: 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

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

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