

RECREATIONAL GYMNASTICS ENROLMENT FORM Term 1 2024: 29th January – 13th 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: | • | |