

LEARN TO PLAY ENROLMENT FORM Term 1 2024: 29th January – 12th April

Child's first name:	e: Child's Surname:				
D.O.B:	Age:	PCYC Number (back of card):		
Voucher number:			Redeemed: (office)		
Medical conditions ar	nd/or special	l needs:			
Guardian full name:			D.O.B:		
Email:			Phone Number:		
		TERM COST: \$160			
	(B	ased on a 10-week t	erm)		
Please double check the da		ected, as PCYC Auburn w king form. Please refer t	vill not take responsibility for errors made on o legend at		

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

	Monday	Tuesday	Wednesday	Thursday	Friday
4pm	Boxfit (9-13yrs)	Intermediate Soccer (9-13yrs)	Visual Arts (9-13yrs)	Junior Soccer (5-8yrs)	Junior Soccer (5-8yrs)
	Junior Basketball	Junior Basketball	Mini Basketball		Mini Multisport
	(5-8yrs)	(5-8yrs)	(3-5yrs)		(3-5yrs)
	Multisport				Arts and Craft
	(5-8yrs)				(5-8yrs)
					PCYC Basketball
					Comp
					(10-17yrs)
5pm		Junior Soccer	-8yrs) (5-8yrs)	Intermediate	Intermediate
				Soccer	Soccer
				(9-13yrs)	(9-13yrs)
	Intermediate Basketball	Intermediate Basketball	Junior Basketball		Visual Arts
	(9-13yrs)	(9-13yrs)	(5-8yrs)		(9-13yrs)
	Intermediate/Senior				PCYC Basketball
	Netball				Comp
	(9-16yrs)				(10-17yrs)
6pm	Intermediate	Senior Basketball	Intermediate		PCYC Basketball
	Basketball	(14-16yrs)	Basketball		Comp
	(9-13yrs)	(14 10y13)	(9-13yrs)		(10-17yrs)

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 PCYC Auburn offers up to 2 makeup classes per term for sports 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 learn to play 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 Learn To Play program. Date: ____ Signature: **ENROLMENT IS NOT COFIRMED UNTIL PAYMENT IS MADE.** auburn@pcycnsw.org.au

IF YOU ARE EMAILING THIS ENROLMENT FORM, PLEASE ENSURE YOU HAVE PROVIDED PAYMENT DETAILS.

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	
Total: \$	Name on Card:	Expiry:
	Card #:	CVC#:
	Signature:	