



ADVANCED/COMP GYMNASTICS ENROLMENT FORM

Term 2 2024: 29thth April – 5th July

Child's first name: _____ Child's Surname: _____

D.O.B: _____ Age: _____ PCYC Number (back of card): _____

Voucher number: _____ Redeemed: (office)

Medical conditions and/or special needs: _____

Guardian full name:	D.O.B:	
Email:	Phone Number:	
TERM COST: (Dependant on class/hours)		
2024 INSURANCE FEE:	Rec/Dev: \$65	Comp: \$105
GNSW Insurance Fee expires at the end of each calendar year.		
Please double check the day and time selected, as PCYC Auburn will not take responsibility for errors made on the booking form.		

Please circle your child's class days and times for Term 2. The hours and amount of days provided for each class are compulsory.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
WAG Development	5-7pm					
WAG Level 1-2		5-8pm		5-8pm		
WAG Level 3+		5-8pm		5-8pm		
Tramp & Tumble Development			5-7pm			
Tramp & Tumble Level 1-3	4-6pm				4-6pm	
Tramp & Tumble Level 3+	6-8pm				6-8pm	
Team Gym		4-6pm		4-6pm		

Terms and conditions

- All fees are to be paid at time of booking.** This includes:
 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/or sustained 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

I _____ declare that I understand and agree to the indemnity statement, acknowledgements and terms and conditions of the PCYC Auburn gymnastics program.

Signature: _____

Date: _____

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

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

CREDIT CARD DETAILS ARE DESTROYED IMMEDIATELY AFTER USE.