



Terms and Conditions

I understand there is an annual **\$10 PCYC membership fee** for my child to participate in the PCYC programs.

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.

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 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

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

_____ **Sign**

_____ **Date**

_____ **Team member**

Office Use only:				
Total paid:	Date:	Receipt #:	Staff:	
Payment method:	CASH	CARD	FAMILY CREDIT	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		
Total: \$	Name on Card:	Expiry:
	Card #:	CVC#:
	Signature:	