



RECREATIONAL GYMNASTICS ENROLMENT FORM

Term 4: 10th October – 17th December

Child/ren's Name	D.O.B.	Medical conditions and/or Special needs	PCYC number (on back of card)	Voucher Number	Redeem
1.					
2.					
3.					
4.					

Guardian full name:	D.O.B:
Email:	Phone Number:

Please place your child's number (1, 2, 3 or 4) in the box for the class you would like to enrol them in.
Please double check the day and time selected as PCYC Auburn will not take responsibility for errors made on the booking form.

TERM COST: \$155

2022 INSURANCE FEE: \$25 GNSW Insurance Fee expires at the end of each calendar year.

RECREATIONAL CLASSES FOR ALL LEVELS

CLASS	AGE	TIME	MON	TUE	WED	THUR	FRI	SAT
Kindergym (45min)	2-3	10:30am						
Junior Gym (45min)	4-5	11:15am						
		9am						
		4pm						
Gymnastics for All (GFA) (1hr)	5-6	9am						
		10am						
		11am						
		4pm						
		5pm						
Gymnastics for All (GFA) (1hr)	7-8	9am						
		10am						
		11am						
		4pm						
		5pm						
Gymnastics for All (GFA) (1hr)	9-11	9am						
		10am						
		4pm						
		5pm						
		6pm						
Teen Rec (1hr)	12+	12pm						
		6pm						
Parkour Junior (1hr)	6-9	11am						
Parkour Senior (1hr)	10+	12pm						

INTERMEDIATE & ADVANCED CLASSES BY INVITATION ONLY

Junior Tramp (1hr)	6-9	5pm						
Intermediate Tramp (1hr)	10+	6pm						
Junior Tumble (1hr)	6-9	11am						
		4pm						
		5pm						
Intermediate tumble (1hr)	9-11	12pm						
		5pm						
		6pm						
Advanced tumble (1hr) (by strict invitation)	10+	6pm						
Gymnastics for All Intermediate (1hr)	8-11	10am						
		4pm						



Terms and Conditions

I understand there is an annual **\$15 PCYC membership fee** for my child to participate in the PCYC programs.

I understand that the Gymnastics term fee must be paid in full at the time of booking to secure a spot.

I understand that there is a non-refundable Gymnastics Australia insurance/registration fee payable upon the first gymnastics booking for the calendar year. This registration will expire on the 31st of December regardless of when it was paid.

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 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.

_____ Sign

_____ Date

_____ Staff 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 CONFIRMED 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:	

GYMNASTICS PROGRAM PAYMENT ONLY. CREDIT CARD DETAILS ARE DESTROYED IMMEDIATELY AFTER USE.