

## SPORTS AND DANCE PROGRAMS ENROLMENT FORM

AUBURN			Terr	n 4	10	" Octob	er 18 <sup></sup>	December	
Child/ren's Name	D.O.B.	Medical Conditions Special needs		PCYC number (on back of card)			Voucher Number		Redeemed
1.									
2.									
3.									
4.									
RESPONSIBLE PERSON FULL NAME:						D.O.B:			
EMAIL:				PHC	ONE NUM	IBER:			

PLEASE PLACE YOUR CHILDS NUMBER FROM ABOVE (1, 2, 3 or 4) IN THE BOX FOR THE CLASSES YOU WOULD LIKE TO ENROL THEM IN. Please double check day and time selected as PCYC Auburn will not take responsibility for errors made on the booking form. Price Time ACTIVITY AGE SELECTED CLASS MONDAY 10 Week term Box Fit 9 - 13 4PM Junior Basketball (Indoor) 5 - 8 1hr Classes Box Fit 5 - 8 5PM Netball (Outdoor) 9 - 13 Intermediate Basketball (Indoor) 9 - 13 6PM Senior Basketball(Indoor) 14 - 16 TUESDAY Junior Basketball (Indoor) 5 - 8 4PM 9 - 13 Indoor Soccer Sport Junior Basketball (Indoor) 9 - 13 5PM Indoor Soccer 5 - 8 Programs 6PM Intermediate Basketball (Indoor) 14-16 WEDNESDAY Junior Basketball (Indoor) 4PM 5 - 8 **Price** Teen Fit 14 +5PM Intermediate Basketball (Indoor) 9 - 13 \$130 THURSDAY 4PM Junior Basketball (Indoor) 5 – 8 5PM Intermediate Basketball (Indoor) 9 - 13 Senior Basketball (Indoor) 6PM 14 - 16FRIDAY Arts and Craft 5 – 8 4PM Indoor Soccer 5 - 8 Visual Arts 9 - 135PM Indoor Soccer 9 - 13 Age Groups 5 8 9 13 14 +Please book your child into the correct age group as they will be taken out of their class by the coordinator if

they do not meet the required age limit.

Enrolment cannot be processed without a valid PCYC membership.

Annual Membership: Junior \$15



Claim your FREE \$100 Active Kid (x2) and \$100 creative kid voucher when enrolling into our programs. Creative Kids activities: Dance and Visual Art

Visit our website to create a membership: https://www.pcycnsw.org.au/auburn

Visit https://www.service.nsw.gov.au/ to claim your vouchers.



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

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

I understand that my child may be told they are not able to participate if correct footwear and clothing are not appropriate for class.

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 attachedhereto.

I, the undersigned, agree that neither the PCYC nor its partners are liable for any losses, damage and/or injury occurred and/orsustained by m child/ren in attending the gymnastics program.

agree to the Indemnity statement, I, the parent/guardian have read and agree to the essential information which is available in the club o 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 sports and dance 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	
	Name on Card:	Expiry:
Total: \$	Card #:	CVC#:
	Signature:	