

LEARN TO PLAY ENROLMENT FORM Term 4: 9th October – 15th December

| 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: | | | D.O.B: | | |
| Email: | | Phone Number: | | | |
| TERM COST: \$150 | | | | | |
| Please double check the day and time selected, as PCYC Auburn will not take responsibility for errors made on | | | | | |

Please circle the class/time on the day you wish to enrol your child into for Term 4

| | 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 | Multisport | Mini Multisport |
| | (5-8yrs) | (5-8yrs) | (3-5yrs) | (5-8yrs) | (3-5yrs) |
| | Multisport | | | | Arts and Craft |
| | (5-8yrs) | | | | (5-8yrs) |
| | | | | | PCYC Basketball |
| | | | | | Comp |
| | | | | | (10-17yrs) |
| 5pm | Junior Boxfit | Junior Boxfit Junior Soccer | | Intermediate | Intermediate |
| | (5-8yrs) (5-8yrs) | Arts and Craft (5-8yrs) | Soccer | Soccer | |
| | . , , | | (0.0).0) | (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 prior to your child's first lesson. This includes:
 - 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 agree to the Indemnity statement, I, the par | ent/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 |
| 1 | declare that I understand and agree to the indemnity statement, |
| acknowledgements and terms and conditions | of the PCYC Auburn Learn To Play program. |

| | PAYMENT DETAILS (required if booking via email) - | VISA / MASTERCARD | |
|-----------|---|-------------------|---------|
| Total: \$ | Name on Card: | | Expiry: |
| | Card #: | | CVC#: |
| | Signature: | | |

CREDIT CARD DETAILS ARE DETROYED IMMEDIATELY AFTER USE.

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 | |