

## **SPORTS AND DANCE PROGRAMS ENROLMENT FORM**

Term 1

30<sup>th</sup> January - 6<sup>th</sup> April

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 NA			D.O.B:			
EMAIL:	PHONE NUM	PHONE NUMBER:				

Price	Time	ACTIVITY	AGE	SELECTED CLASS			
	MONDAY						
		Box Fit	9 - 13				
	4PM	Junior Basketball (Indoor)	5 - 8				
	5PM	Box Fit	5 - 8				
	SPIVI	Intermediate Basketball (Indoor)	9 - 13				
	TUESDAY						
	4PM	Junior Basketball (Indoor)	5 - 8				
	42101	Indoor Soccer	9 – 13				
	5PM	Junior Basketball (Indoor)	9 -13	FULL			
	SPIVI	Junior Indoor Soccer	5 - 8	FULL			
10 Week term	6PM	Intermediate Basketball (Indoor)	14-16				
1hr Classes	WEDNESDAY						
Till Classes	4PM	Junior Basketball (Indoor)	FULL				
	5PM	Intermediate Basketball (Indoor)	9 - 13				
	THURSDAY						
	4PM	Junior Indoor Soccer	5 - 8	FULL			
	5PM	Indoor Soccer	9 - 13				
	FRIDAY						
		Arts and Craft	5 – 8				
	4PM	Junior Indoor Soccer	5 - 8	FULL			
		Visual Arts	9 – 13				
	5PM	Indoor Soccer	9 - 13				
		Age Groups					
5 – 8		9 – 13		14 +			

they do not meet the required age limit.

Enrolment cannot be processed without a valid PCYC membership.

**Annual Membership:** Junior \$15

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



\$300 FREE



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



## **Terms and Conditions**

l u	nderstand the	ere is an annual <b>\$15 PC</b>	YC membership	fee for my child to participate in the	PCYC programs.	
l u	nderstand tha	at the Sports and Dance	e term fee must b	e paid in full at the time of booking	to secure a spot.	
l u	nderstand tha	at my child may be told	they are not able	e to participate if correct footwear	and clothing are not	appropriate for class.
	ccept full resp cluded from t		ren's behaviour o	during the program and understand	in the event of misl	oehaviour mychild/ren may be
				dical conditions my child/ren may h n accident or illness and I agree to I		
		ed, agree that neither tending the gymnastics p		artners are liable for any losses, da	mage and/or injury	occurred and/orsustained by r
				dian have read and agree to the es nd conditions outlined above	sential information	which is available in the club
			doclare that	understand and agree to the in	domnity statomor	t asknowledgements
and terms	and condition	ons of the PCYC Aubu		•	deminity statemen	ic, acknowledgements
	Sign			Date	Team mem	ber
O((:						
Office Use only Total paid:	y:	Date:		Receipt #:	Staff:	
Total palu.		Date.		Neceipt π.	Stail.	
Payment meth	nod:	CASH	CARD	FAMILY CREDIT	AKR	CKR
IF YOU ARI	E EMAILIN			LEASE ENSURE YOU HAVE		YMENT DETAILS.
		ENROLMENT	IS NOT COFII	RMED UNTIL PAYMENT IS	MADE.	
			Auburn@	pcycnsw.org.au		
		PAYMENT DETAILS	S (required if b	ooking via email) - VISA / N	MASTERCARD	
		Name on Card:			Ехр	iry:

CVC#:

Total: \$

Card #:

Signature: