

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: _____ PHONE NUMBER: _____

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
\$130 10 Week term 1hr Classes	MONDAY			
	4PM	Box Fit	9 - 13	
		Junior Basketball (Indoor)	5 - 8	
		Junior Netball	5 - 8	
	5PM	Box Fit	5 - 8	
		Intermediate Basketball (Indoor)	9 - 13	
		Intermediate Netball	9 - 15	
	TUESDAY			
	4PM	Junior Basketball (Indoor)	5 - 8	
		Indoor Soccer	9 - 13	
	5PM	Junior Basketball (Indoor)	9 - 13	
		Junior Indoor Soccer	5 - 8	
	6PM	Intermediate Basketball (Indoor)	14-16	
	WEDNESDAY			
	4PM	Junior Basketball (Indoor)	5 - 8	
	5PM	Intermediate Basketball (Indoor)	9 - 13	
	THURSDAY			
	4PM	Junior Indoor Soccer	5 - 8	
	5PM	Indoor Soccer	9 - 13	
	FRIDAY			
	4PM	Arts and Craft	5 - 8	
		Junior Indoor Soccer	5 - 8	
	5PM	Visual Arts	9 - 13	
		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

Visit our website to create a membership: <https://www.pcyctsw.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

- 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.
- 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 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		
Total: \$	Name on Card:	Expiry:
	Card #:	CVC#:
	Signature:	

