





RECREATIONAL GYMNASTICS ENROLMENT FORM

Term 2

26th April – 2nd July 2022

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 Glebe/Leichhardt will not take responsibility for errors made on the booking form.

RECREATIONAL CLASSES

For All levels

COST	CLASS	AGE	TIME	MON	TUE	WED	THUR	FRI	SAT
\$200	Kindergym	1.5-3	9:30am						
		3-4	10:30am						
		4-5	11:30am						
		3-5	8am						FULL
\$200	GymStar	5-9	9am						
			10am						
			11am						WAITLIST
			4pm	FULL	FULL	FULL			
			5pm		FULL				
			10+	6pm					
\$200	Cheerleading	5-8	4pm						
\$200	Free G	5-8	4pm					FULL	
		9-12	5pm		FULL		FULL		
\$275	Adult Training (2 hours)	18+	7pm						

ADVANCED CLASSES

Must have received recommendation from a coach

\$200	Dance Acro	9+	6pm						
\$200	Teamgym	9+	6pm						
	Tramp & Tumbling	9+	6pm						

2022 Insurance Fee:

All Rec - \$65

Kindergym - \$55

GNSW Insurance Fee expires at the end of the calendar year.

Enrolment cannot be processed without a valid PCYC membership.

Annual Membership: Junior \$10



\$300 FREE



Claim your FREE \$100 Active Kid (x2) and \$100 creative kid voucher when enrolling into our programs.



Terms and Conditions

I understand there is an annual **\$10 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 Glebe/Leichhardt aware of any pre-existing medical conditions my child/ren may have. PCYC Glebe/Leichhardt 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 Glebe/Leichhardt 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 Glebe/Leichhardt 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 COFIRMED UNTIL PAYMENT IS MADE.
glebeleichhardt@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 DETROYED IMMEDIATELY AFTER USE