



# RECREATIONAL GYMNASTICS ENROLMENT FORM

Term 2 | April 24<sup>th</sup> – July 1<sup>st</sup> 2023

Child/ren's Name	D.O.B.	TSHIRT SIZE	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
\$205	KinderGym	3-5	8:00am						
		1.5-3	9:30am						
		3-5	10:30am						
	Junior Gym	4-5	11:30am						
\$205	GymStar (Gymnastics)	5-9	9am						
			10am						
			11am						
			12pm						
			4pm						
			5pm						
		10+	6pm						
\$205	Cheerleading DEV	5-8	4pm						
\$205	Rhythmic DEV	7+	6pm						
\$205	Aerobics DEV	7+	4pm						
\$205	Free G (Parkour)	BEG (5-8)	4pm						
		INT (9-12)	5pm						
		ADV (9-12)	6pm						
\$275	Adult Training (2 hrs)	18+	7pm						

### ADVANCED CLASSES

Must have received recommendation from a coach

\$205	Dance Acro	9+	6pm						
\$205	Tramp DEV	9+	5pm						
	TeamGym	9+	6pm	PLEASE EMAIL <a href="mailto:gmacolino@pcycnsw.org.au">gmacolino@pcycnsw.org.au</a> TO ENQUIRE TO JOIN (COMPETITIVE TEAM)					
	Tramp & Tumbling	9+	6pm						

**2023 Insurance Fee:**

All Rec - \$65

KinderGym - \$55

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

PLEASE TICK HERE IF YOU HAVE ALREADY REGISTERED AS A GYMNSW MEMBER FOR 2023

CLUB NAME:

GymNSW ID:

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/glebe-leichhardt>



**\$300 FREE**



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

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 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 31<sup>st</sup> 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.  
MAIL TO: [glebeleichhardt@pcycnsw.org.au](mailto: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 DESTROYED IMMEDIATELY AFTER USE**