

## **Taekwondo Programs - ENROLMENT FORM**

	PARRAMATTA		Teri	m 2		3 <sup>ra</sup> APRI	L – 19 <sup>th</sup> JUNE 2023	
	Child/ren's Name	D.O.B.	Medical Conditions Special needs	(on l	number back of ard)		Voucher Number	Redeemed
1.								
2.								
3.								
4.								
RES	RESPONSIBLE PERSON FULL NAME: D.O.B:							
EMAIL:				PHC	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 Parramatta will not take responsibility for errors made on the booking form.

SELECT	Price	Time ACTIVITY LEVEL SEL						
	¢100	MONDAY						
		5PM	Taekwondo	BEGINNER				
	\$180	6PM	Taekwondo (1.5hr)	ADVANCED				
	12 Week term	TUESDAY						
	x1 class per week	5PM	Taekwondo	BEGINNER				
		6PM	Taekwondo (1.5hr)	ADVANCED / SPARRING				
		WEDNESDAY						
		5PM	Taekwondo	BEGINNER				
	\$360	6PM	Taekwondo (1.5hr)	ADVANCED				
	<b>7300</b>	SATURDAY						
	12 Week term x3 class per week	11AM	Karate	Beginners				
		12PM	Taekwondo	BEGINNER				
		1PM	Taekwondo (1.5hr)	ADVANCED / SPARRING				
*Please	*Please note there is an additional one-off fee that will need to be paid directly to the master before commencing. Discuss directly with master, not PCYC Staff.							

CLASS	BELT LEVEL	GRADING		
	White			
Beginners	Single Yellow	Grading is completed at the end of each		
2.08	Double Yellow	term on a Saturday. Please ensure you		
	Yellow	attend this grading session.		
Advanced	Single Yellow> Brown			

Enrolment cannot be processed without a valid PCYC membership.

Annual Membership: Junior \$15

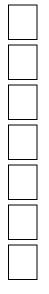


Claim your FREE \$100 Active Kid (x2) and \$100 creative kid voucher when enrolling into our programs.

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

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





I understand there is an annual \$15 PCYC membership fee for my child to participate in the PCYC programs.

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 agree that all enrolments are non-refundable, including change of mind or days.

I have made PCYC Parramatta aware of any pre-existing medical conditions my child/ren may have. PCYC Parramatta is authorised to obtain medical assistance in the event of any unforeseen accident or illness and I agree to meet any expenses attachedhereto.

I am aware and agree to the additional fee payable to the instructor prior to commencing class

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 gymnastics program.

I agree to the Indemnity statement, I, the parents/guardian have read and agree to the essential information which is available in the club or on the PCYC Parramatta 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 Parramatta sports program.

Sign		Date		Team member		er
Office Use only:						
Total paid:	Date:		Receipt #:		Staff:	
Payment method:	CASH	CARD	FAMILY CREDIT	Γ	AKR	CKR

IF YOU ARE EMAILING THIS ENROLMENT FORM, PLEASE ENSURE YOU HAVE PROVIDED PAYMENT DETAILS. ENROLMENT IS NOT COFIRMED UNTIL PAYMENT IS MADE.

## parramatta@pcycnsw.org.au

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

PROGRAM PAYMENT ONLY. CREDIT CARD DETAILS ARE DETROYED IMMEDIATELY AFTER USE