



Boxing, Sports & Dance Programs

ENROLMENT FORM

Term 3

12th July – 17th September 2021

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 Parramatta will not take responsibility for errors made on the booking form.

Price	Time	ACTIVITY	AGE	SELECTED CLASS
<h1>\$100</h1> <p>10 Week term 45min Classes</p>	MONDAY			
	4PM	Multi-Sports	5 – 12	
		Teen Gym	14+	
	TUESDAY			
	4PM	Kickboxing	5 – 12	
	WEDNESDAY			
	4PM	Boxing Skills	5 – 12	
		Teen Gym	14+	
		Soccer (Doyle Ground)* 8-week Program (Begins 28/07/21)	5 – 12	
	THURSDAY			
4PM	Bootcamp	5 – 12		
5PM	Teen Boxing	14+		
FRIDAY				
4PM	Boxing Skills	5 – 12		
	Visual Arts* 8-week Program (Begins 30/07/21)	5 – 12		
	Hip Hop Dance* 8 Week Program (Begins 30/07/21)	5 – 12		

Enrolment cannot be processed without a valid PCYC membership.

Annual Membership: Junior \$10

Visit our website to create a membership: <https://www.pcy NSW.org.au/parramatta>



\$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.



I understand there is an annual **\$10 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 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 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 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

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.

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