



# Boxing, Sports & Dance Programs

ENROLMENT FORM

Term 4

11<sup>th</sup> October – 17<sup>th</sup> December 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
<div>\$100</div> <div>10 Week term 45min Classes</div>	MONDAY			
	4PM	Teen Gym	14+	
	TUESDAY			
	4PM	Bootcamp	5 – 12	
	WEDNESDAY			
	4PM	Boxing Skills	5 – 12	
		Soccer (Doyle Ground)* 8-week Program (Begins 25/10/21)	5 – 12	
THURSDAY				
8 Week term* 1hr Classes	4PM	Kickboxing	5 – 12	
	FRIDAY			
	4PM	Boxing Skills	5 – 12	
		Hip Hop Dance* 8 Week Program (Begins 25/10/21)	5 – 12	

Enrolment cannot be processed without a valid PCYC membership.

Annual Membership: Junior \$10

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



### Terms and Conditions

☐

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**