



TERM 4 ALPHA GIRLS PROGRAM 2022

| Child/ren's Name | D.O.B. | Medical Conditions Special needs | PCYC member number (on back of card) |
|--|--------|-------------------------------------|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| RESPONSIBLE PERSON DETAILS (Parent or Guardian) | | | |
| FULL NAME: | | RELATIONSHIP: | |
| CONTACT NUMBER: | | | DOB: |
| EMAIL: | | | |
| ADDRESS: | | | |

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

Term 4 – Thursday 13th October – Thursday 15th December 2022

| ACTIVITY | AGE | TIME | SELECTED CLASS |
|---|-------|----------|---------------------|
| THURSDAY | | | |
| Alpha Girls | \$100 | 12 to 19 | 4pm to 5:30pm |
| Using Active or Creative Kids? Please add the voucher numbers below! Name/Number (include middle name initials and D.O.B) | | | Total Price: |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

BOOKING IS NOT CONFIRMED UNTIL YOU HAVE RECEIVED AN EMAIL CONFIRMATION FROM PCYC PENRITH. PLEASE ENSURE YOUR EMAIL ADDRESS ON THIS FORM IS CORRECT

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

<mailto:Penrith@pcycnsw.org.au>

| | |
|---|------------|
| PAYMENT DETAILS (required if booking via email) Please Circle: VISA / MASTERCARD | |
| CARD #: | |
| Name on Card: | Signature: |
| Expiry: | CVC#: |

SPORT/CREATIVE PROGRAMS PAYMENT ONLY. CREDIT CARD DETAILS ARE DESTROYED IMMEDIATELY AFTER USE

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PLEASE INITIAL EACH BOX - I acknowledge and agree:

- I understand there is an annual **\$15 PCYC membership fee** for my child to participate in the PCYC programs.
- I understand that the Sport and Music program fees must be paid in full at the time of booking to secure a spot.
- I agree to the Indemnity statement, I, the parents/guardian have read and agree to the attached essential information and agree to the terms and conditions outlined below.
- I accept full responsibility for my child/ren's behaviour during the program and in the event of misbehaviour my child/ren may be excluded from the class
- I have made PCYC Penrith aware of any pre-existing medical conditions my child may have. PCYC Penrith is authorised to obtain medical assistance required 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 After School Programs.

I _____ declare that I understand and agree to the indemnity statement acknowledgements, terms, and conditions of the PCYC Penrith Sport and Music programs. I have read and understood the terms and conditions.

Sign

Date

Team member

TERM 4 SPORT AND MUSIC PROGRAM PAYMENT ONLY:

| Office Use only: | | | |
|------------------------|--------------|-------------------|-------------------------------------|
| Total paid: | Date: | Receipt #: | Staff: |
| Payment method: | CASH | CARD | AKR/CKR FAMILY CREDIT |