




ENROLMENT FORM

A Charity Helping Youth Survive & Thrive in Partnership with NSW Police

| Child/ren's Name | D.O.B | Gender | Medical Conditions |  Voucher Number | Redeemed |
|------------------|-------|--------|--------------------|--|----------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

RESPONSIBLE PERSON FULL NAME: _____ DOB: _____

EMAIL: _____ PHONE NUMBER: _____

| CHILD#1 | KINDERGYM / RECREATIONAL CLASSES | | | | | | |
|---------|----------------------------------|-------------|---------|-------------|----------|--------|----------|
| | Preference | Class Name: | | Class Time: | | | |
| | Class Day (Please Circle) | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

| CHILD#2 | KINDERGYM / RECREATIONAL CLASSES | | | | | | |
|---------|----------------------------------|-------------|---------|-------------|----------|--------|----------|
| | Preference | Class Name: | | Class Time: | | | |
| | Class Day (Please Circle) | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

| CHILD#3 | KINDERGYM / RECREATIONAL CLASSES | | | | | | |
|---------|----------------------------------|-------------|---------|-------------|----------|--------|----------|
| | Preference | Class Name: | | Class Time: | | | |
| | Class Day (Please Circle) | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

| CHILD#4 | KINDERGYM / RECREATIONAL CLASSES | | | | | | |
|---------|----------------------------------|-------------|---------|-------------|----------|--------|----------|
| | Preference | Class Name: | | Class Time: | | | |
| | Class Day (Please Circle) | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

| CHILD: | SQUAD CLASSES | | | | | | |
|--------|----------------------|------------|---------|-----------|----------|--------|----------|
| | Preference | Squad Name | | | | | |
| | Training Days | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | Training Times | | | | | | |
| | Total Training Hours | | | | | | |

Enrolment cannot be processed without a valid PCYC membership.

Annual Membership: Junior \$15

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



Claim your **FREE \$50 Active and Creative Kid voucher** when enrolling into our programs.

Visit <https://www.service.nsw.gov.au/active-and-creative-kids-voucher> to claim your vouchers



MEMBERSHIPS / REGISTRATIONS FEES

PCYC Membership: All class participants need to have a valid PCYC membership. This must be renewed and paid for annually. Annual PCYC membership is not refundable.

Gymnastics Registration: fees are set by Gymnastics Australia and are due annually and expire at the end of each calendar year. The Registration Fee is transferable to another affiliated club on condition that your PCYC fees are paid in full.

Additional Fees: There are a range of additional fees that may be applicable for your child, depending on the class or squad they train in. These could include competition fees, clinics, choreography, coaches, or judges fees for attending competitions and parents will be notified of these costs.

CLASS PAYMENTS

Direct Debit Membership: are on-going and will be rolled over from term to term.

Cancellations: Refunds or credits cannot be given for change of mind bookings. Credits/refunds can only be applied for lessons missed due to an injury (the coach must be notified of this at the time) or an injury/illness requiring absence for 5 weeks or more, with supporting medical documentation.

Membership requires 30 calendar days written notice to PCYC. A membership cannot be cancelled if there are payments outstanding on the account. A membership cannot be placed on suspension during the cancellation notice period.

If PCYC must cancel a class, we will provide a make-up class or credit the family account.

Make-up Classes: In the event of a missed class, a make-up class will be offered provided PCYC has been notified prior to the commencement of the class, and there is space in a comparable class.

- Make up classes are complimentary - If a make-up class is not possible you will not be able to receive a credit or refund for the missed class.
- Make up classes must be used within the same school term they were missed, or they are forfeited.

Failed payment Fee: Upon a failed direct debit, a failed payment fee (Dishonour Fee) of \$10.00 (including GST) per failed transaction will be charged to your account. Failed payments and Dishonour fees must be paid at the club, and cannot be added to future Direct Debits.

Outstanding Fees: If any overdue amounts remain on your account, access to PCYC classes may be suspended until such time as payments are up to date. Accounts in arrears exceeding \$100 may be referred to a third-party Debt Collection Agency.

Change of details: You must keep us informed of any changes to your details such as address, e-mail address, contact numbers, bank account and credit card details for payment.

Fee Increase: We reserve the right at any time to increase the fees charged and will use reasonable endeavours to give written notice to your listed contact details (email, address) at least one month prior to the increase. If fees are increased and reasonable endeavours have been made to provide prior notice, you hereby authorise PCYC to increase any direct debits to your nominated credit card or bank account.

ACCEPTANCE AND SIGNATURE

All the information provided by me on this form is accurate and true. I have read and accept terms and conditions for all class enrolments. I acknowledge and accept that PCYC NSW's decision to accept or not is at PCYC NSW's discretion and is final.

ACTIVE & CREATIVE KIDS

Vouchers: these vouchers are provided by Service NSW and must comply with terms and conditions set out by provider.

Using Vouchers: voucher must be redeemed via Service NSW before it can be used towards fees at PCYC. Correct voucher number must be provided for PCYC to redeem.

Cancellation: Any cancellations to classes that have been paid using a voucher are not eligible for a refund or credit. Once voucher has been redeemed it is irreversible nor can it be exchanged for something other than a class.

MEDICAL, INJURY & ILLNESS

- Parents are required to inform PCYC of any allergies, medical conditions, additional needs their child has at the time of enrolling. Parents are requested to explain known triggers, symptoms, and management strategies to assist staff recognise and manage the condition.
- An Anaphylaxis / Asthma plan must be provided where applicable.
- If your child has an injury, please communicate this with their coach, prior to starting class. If the injury requires skill modification in training, a doctor's certificate or physios note should be provided to coaches to detail the exact nature of the injury.
- If your child is unwell, please do not bring them to class. Please notify the club of their illness and absence prior to class and discuss the option of make-up classes with the staff.

SAFETY

- All participants must be dropped off and picked up from inside the facility. We ask that parents are mindful of all children's safety and comply with this.
- Only those that are booked to participate in the class is to be present in the class - no siblings/friends are to join or interfere with the class.
- Once the class has concluded, staff may not be able to provide supervision, so we ask that parents are punctual upon pick-up

Please Note: All Direct Debit registrations have a prorated upfront fee that is due at the time of booking. This amount is equal to 2 weeks of classes plus any registration fees (PCYC Membership and GymNSW Membership) that are due.

Please provide your credit card details below to process this prorated upfront payment:

| | |
|---------------|----------------------|
| Name on Card: | <input type="text"/> |
| Card Number: | <input type="text"/> |
| Expiry Date: | <input type="text"/> |
| CVC: | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Parent Name | Signature | Date | PCYC Staff Member |

DIRECT DEBIT REQUEST

Business details (Business)

Facility Name: _____ Facility Address: _____

Phone: _____ ABN: _____

Customer Details:

Full Name: _____ Date of birth: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Payment Details:**OFFICE USE ONLY**

Payment Amount: _____ Payment Frequency: _____

Day of the week/month: _____ First Payment Date: _____

Payment Method:

Please indicate if you would like to pay via direct debit from your bank account or credit card and complete the below details:

Direct Debit from bank account, building society or credit union:

Financial institution: _____ Account Name: _____

BSB number: _____ Account Number: _____

Authorisation: I/we authorise you until further notice to debit my/our account with all amounts which Debitsuccess Pty Limited, the registered initiator of the above Authorisation Code may be initiated by Direct Debit. I/we acknowledge and accept that the bank accepts this authority only upon the conditions set out in this form.

OR

Credit card (Visa, Mastercard)

Charge my payments to: _____ Name on card: _____

Card number: _____ Expiry date: _____

Authorisation: By signing this form I/we authorise Debitsuccess Pty Limited, contracted by and acting on behalf of the Business to collect payments due by me/us pursuant to the Agreement (defined below), to debit payments from my specified Credit Card above, and I/we acknowledge that Debitsuccess will appear as the merchant on my credit card statement. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business and where such instructions from the Business are received by Debitsuccess Pty Limited, I/We do not require Debitsuccess Pty Limited to notify me/us of such variations to the debit amount.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request and the provided DDR Service Agreement which follows, and I/we have read and understood the same.

Signature: _____ Date: _____

Direct Debt Request (DDR) Service Agreement

DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This DDR Service Agreement is designed to explain what your obligations are when undertaking a direct debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request and should be read in conjunction with your Direct Debit Request.

INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) (**Debitsuccess**) APCA User ID 496485 to make periodic debits on behalf of the "Business" as indicated on Direct Debit Request.

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the Direct Debit Request, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the Direct Debit Request as instructed by the Business.

RELATIONSHIP

I/we acknowledge that Debitsuccess has been contracted by the Business to collect the payments due under the agreement that I/we have entered into with the Business pursuant to which I/we have agreed to pay for goods/services provided by the Business (**Agreement**). All payments due by me/us to the Business shall be made to Debitsuccess.

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business. I/We acknowledge that Debitsuccess sole responsibility is to make periodic debits as set out in the Direct Debit Request

CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment (Day to Debit) to enable the direct debit to be honoured on the Day to Debit. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution and by the Business.

VARIATIONS TO DEBIT TERMS

I/We authorize Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/or the Business is to provide 14 days' notice if varying the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR Service Agreement by requesting this of the Business or my/our Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

NON WORKING DAY

When the Day to Debit falls on a weekend or public holiday the debit will be initiated on the next working day.

DISHONOURD PAYMENTS

I/We acknowledge that:

- if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any fees and charges charged by the Business as a result, in addition to any Financial Institution charges and collection fees; and
- Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the Direct Debit Request are correct and that Debitsuccess is not liable to the extent that any such details are incorrect and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the Direct Debit Request, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this DDR Service Agreement to the extent that the credit card has expired, and that it is wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

OTHER AUTHORISATIONS

I/We authorise:

- Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- The Financial Institution to release information allowing Debitsuccess to verify my/our account details.
- Any notices to be given to me/us by electronic mail to the email address on the Direct Debit Request (or any other email address notified in writing by me/us).

I/we acknowledge that:

- This DDR Service Agreement will remain in force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death/bankruptcy or other revocation of this DDR Service Agreement until actual notice of such event is received by the bank.
- Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the bank except in so far as the direct debit has not been paid in accordance with this DDR Service Agreement. Any other dispute lies between me/us and the Business.

INFORMATION SECURITY

We are collecting your personal information for the sole purpose of completing this direct debit arrangement. Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the Direct Debit Request (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. You may request access to, and correction of, any personal information held by Debitsuccess by writing to Debitsuccess at the address below. You acknowledge that your personal information will be collected, used, held and disclosed in accordance with the Debitsuccess Limited Privacy Policy found at <https://www.debitsuccess.com.au/privacy-policy>. Debitsuccess will only disclose information that we have about you:

- to the extent specifically required by law;
- to Financial Institutions participating in the direct debit payment system in connection with a claim made on it relating to an alleged incorrect or wrongful debit; or
- for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact Debitsuccess Pty Ltd. PO Box 577, Mt Waverley Victoria 3149

Phone: 1800 148 848

E-mail: customerservice@debitsuccess.com