

# T2 Booking Information

Child's Full Name	DOB	PCYC Membership Number
1.		
2.		
3.		
4.		

## Parent/Guardian & Emergency Contact Information

Name & Relationship	
Address	
Phone	
Email	
Second Emergency Contact	
Name & Relationship	
Phone	

## Other Adults Authorised to Collect

Name & Relationship	
Address	
Phone	
Email	

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## Health, Medical Conditions & Complex Behaviour

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If your child has been diagnosed with any Health or Medical Conditions, is known to display symptoms of Complex Behaviour or demands any Special or Dietary Needs, please fill out the PCYC Health & Medical Form (please see PCYC staff to access this form).

Applicable:

Y  N

# T1 Booking Details

SPORTS AND ART PROGRAMS				
ACTIVITY		AGE	TIME	SELECTED CLASS
<b>MONDAY</b>				
Junior Boxing	\$125	5 to 11	4pm to 5pm	
Youth Boxing	\$125	11 to 16	5pm to 6pm	
Junior Judo	\$125 + Rego	5 to 14	6pm to 7pm	
Senior Judo	\$130 + Rego	16+	7pm to 8pm	
<b>WEDNESDAY</b>				
Junior Boxing	\$125	5 to 11	4pm to 5pm	
Youth Boxing	\$125	11 to 16	5pm to 6pm	
Junior Basketball skills	\$125	5 to 9	4pm to 5pm	
Youth Basketball Skills	\$125	10+	5pm to 6pm	
<b>THURSDAY</b>				
Art & Craft	\$125	5+	4pm to 5pm	
<b>FRIDAY</b>				
Junior Boxing	\$125	5 to 11	4pm to 5pm	
Youth Boxing	\$125	11 to 16	5pm to 6pm	
<b>Judo NSW Registration</b>	\$100 for 12 months   <a href="https://www.revolutionise.com.au/judonsw/clubs-rego/">https://www.revolutionise.com.au/judonsw/clubs-rego/</a>			
GYMNASTICS				
ACTIVITY		AGE	TIME	SELECTED CLASS
<b>MONDAY</b>				
Gym Star	\$160	5 to 11	4pm to 5pm	
Gym Skills	\$160	8 to 14	5pm to 6pm	
<b>TUESDAY</b>				
Gym Star	\$160	5 to 11	4pm to 5pm	
Gym Skills	\$160	7 to 14	4pm to 5pm	
<b>WEDNESDAY</b>				
Jnr Gym	\$160	3 to 5	4pm to 5pm	
Gym Star	\$160	5 to 11	4pm to 5pm	
Gym Skills	\$160	8 to 14	5pm to 6pm	
<b>THURSDAY</b>				
Gym Star	\$160	3 to 5	4pm – 5pm	
<b>FRIDAY</b>				
Gym Star	\$160	5 to 11	4pm to 5pm	
Gym Skills	\$160	8 to 14	5pm to 6pm	
<b>SATURDAY</b>				
Kindy Gym	\$160	18m to 3	9am to 10am	
Jnr Gym	\$160	3 to 5	10am to 11am	
Gymstar	\$160	5 to 11	11am to 12pm	
<b>Gym NSW Registration</b>	<b>\$65 for All rec Gymnastics</b>			

## Payment Details

Payment Details (If not paying pro rata directly at PCYC)			
Card Number			
Name on Card		Signature	
Expiry Date		CVC Number	

# Terms & Conditions

## Media Permission

- I give permission for my child's photographic and/or video image, voice and/or words to be used for promotional purposes in official publications of the Police & Citizens Youth Clubs NSW.
- I do not give permission.

## Indemnity Statement

I, the parent/guardian, have read and agree to the terms and conditions outlined and:

- I understand there is an annual \$15 PCYC Membership fee for my child to participate in the PCYC Programs. I understand that all gymnastics pro rata 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 Home.
- I understand that there is a non-refundable \$65 Gymnastics Australia insurance/ registration fee payable upon the first gymnastics booking for the calendar year. this registration will expire on the 31st of December regardless of when it was paid.

I \_\_\_\_\_ declare that I understand and agree to the indemnity statement acknowledgements, terms, and conditions of the PCYC Penrith gymnastics program. I have read and understood the terms and conditions.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team member

Office Use only:			
Total paid:	Date:	Receipt #:	Staff:
Payment Method:	CASH	CARD	AKR FAM CREDIT