

Looking for things to do in the upcoming school holidays? Look no further than PCYC NSW!

We provide quality school holiday programs that suit a range of interests and ages in a fun, safe and inclusive recreational environment all year round.

From laser tag, multi-sport, gymnastics and boxing to painting, dance and crafts, our diverse array of activities are designed

to teach new skills and keep the kids engaged, active and entertained no matter your schedule!

Check out our timetable of school holidays activities for the upcoming break and book now for PCYC's huge range of fun, safe, affordable School Holiday activities!

It's time to get active, engaged and have fun these school holidays!







TERMS & CONDITIONS

SCHOOL HOLIDAY PROGRAM

BOOKING AND ENROLMENT PROCESS

- · All participants must be a current PCYC member to take part in the holiday program.
- Full payment is required upon booking, bookings will not be confirmed or reserved without full payment.
- Creative and Active Kids Vouchers can be used in some programs (please check with your local centre).

SIGNING IN AND OUT

- All participants must be signed in and out of the program each day. You will be asked to check medical details, contact numbers and ensure that the child has adequate food for the day.
- Please provide details of person picking up child at the end of the day on the sign in process. If circumstances are to change then please contact the centre to provide details of who will be picking up if listed differently on the form.
- Children aged 15 and over (only) can be permitted to make their own way home on conditions that:
- · A written and signed letter is provided outlining the details by the Guardian, and
- The individual situation is discussed with the centre manager, who has the ability to approve or not approve each individual case. The participant will still be required to sign themselves out of the program at the end of the day.

PROGRAM CODE OF CONDUCT

So that PCYC can ensure that our programs are fun and safe experience for everybody, we have rules in place for students to follow. These will be explained to your child on arrival. If your child misbehaves, we will discuss with your child's activity officer the best course of action. Some courses of action may result in your child's expulsion from the program with no refund. You can access PCYC NSW behavioral standards on www.pcycnsw.org.au or discuss with your local club.

PROHIBITED

 Drugs, cigarettes and alcohol are not allowed at PCYC any child found using or in possession of these items may be removed from the Centre. Children found in possession of illegal drugs will be reported.

CLASS CANCELLATIONS

- Once booked in for holiday program, all bookings are non refundable, including change of mind or days. A child can be provided with 'family credit' to the value of booking if a valid medical certificate can be provided for the day scheduled to attend prior to the start of the day.
- A family credit booking can be used within 12 months from the date of issue, however, cannot be used to book into any program that is at full capacity. All bookings are subject to availability.

RISK

• Except for any liability which cannot be excluded by law, PCYC is not liable for any loss or damage suffered by any person as a result of that person's participation in the holiday program.





TERMS & CONDITIONS

HEALTH AND SAFETY

MEDICAL AND CONSENT FORM

- Prior to the school holiday program, you will be required to complete our medical and consent form on behalf of your child.
- The information you provide on the medical and consent form will help us look after your child's health needs. If your child has an injury or pre-existing condition, allergy, special dietary needs or is on prescription medicines, please provide full details on this form.
- · PCYC will share the information you provide with your child's activity coordinator.

MEDICATION AT PROGRAM

• Prescription medication can only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication cannot be self-administered at the center.

ANAPHYLAXIS

- If your child suffers from anaphylaxis, they should have an anaphylaxis action plan which has been prepared by their doctor. Download sample plan templates from Australasian Society of Clinical Immunology and Allergy website. If your child has a plan, please provide it to the club at least three weeks prior to attending the program.
- Children at risk of anaphylaxis need to bring at least one adrenaline auto injector. On catered
 programs, children with food allergies are required to wear an identifying red wristband. This is an
 added precaution to assist staff when managing situations where food allergens may be present..

DIABETES - INSULIN DEPENDENT

• Please be aware that PCYC cannot administer insulin at any time.

ACCIDENTS AND EMERGENCIES

• Centre staff hold senior first aid accreditations and can administer first aid, if required. If your child requires medical assistance, they will be taken to the nearest medical centre or hospital, and we will notify you. In case of emergencies, parents can contact the club manager in attendance.

COMMUNICATION, GRIEVANCE & COMPLAINTS

- If you need to contact your child whilst he or she is at the program, please contact your child's club to arrange communication with the onsite activity coordinator and club manager.
- If you have any concerns about the program or care received, please feel free to talk with the PCYC Club Manager. If you feel like this response does not meet your needs, the Club Manager can refer you to PCYC Club Operations.





BOOKING INFORMATION

| | Name | DOB | PCYC Membership Number |
|--|-----------------|---------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| arent/Guardian & En | nergency Contac | t Information | |
| lame & Relationship | | | |
| | | | |
| Address | | | |
| | | | |
| Address Phone Email | | | |
| Phone Email | ontact | | |
| Phone Email econd Emergency Co | ontact | | |
| Phone Email econd Emergency Co | ontact | | |
| Phone Email econd Emergency Co Name & Relationship Phone | | | |
| Phone Email econd Emergency Co Name & Relationship Phone Other Adults Authoris | | | |
| Phone Email econd Emergency Co Name & Relationship Phone Other Adults Authoris Name & Relationship | | | |
| Phone | | | |

Medical Form (please see PCYC staff to access this form).

Applicable: Y N





BOOKING DETAILS

| Date | | |
|------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |





BOOKING DETAILS

Additional Holiday Program Information

| Payment Detail | ls | | | | | |
|--|--|--|--|---|--|--|
| Payment Details (I | If not paying directly | at PCYC) | | | | |
| Name on Card | | | | | | |
| Card Number | | | Signature | | | |
| Expiry Date | | | CVC Number | | | |
| Voucher Details (I | f applicable) | | | | | |
| Please Tick | Active Kids Creative Kids | | | | | |
| Voucher Number | | | | | | |
| Bookings will not | be accepted without | ut payment in fo | ull. | | | |
| | l publications of the Polic | | | words to be used for promotiona | | |
| Indemnity Statement I, the parent/guardian, | have read and agree to te | erms and conditions | outlined and: | | | |
| In the case of an echild/ward to recereimburse costs wattending the Centminimise any risk of the risk of personabe undertaken at t | emergency, I authorise PC eive such medical or surg hich may be incurred for tre/enrolled in the progra of personal injury within p al injury. I acknowledge th he Centre/as part of the p | CYC, where it is imprigical treatment as memore medical attention, a memore that it is included that the memore is an inhere program, and I accept | acticable to commay be deemed no mbulance transport although PCYC and accidents do hapent risk of personant that risk. | r to participate in the above program nunicate with me, to arrange for my ecessary. I also undertake to pay or and drugs while my child/ward is and its service providers attempt to open, and all physical activities carry I injury in physical activities that wil | | |
| | , accept full responsibilit n and in the event of misk | | | gs and for my child/ren's behaviou d to collect my child/ren. | | |
| Parent/Guardian I | Name | Sig | ned | Date | | |
| | | | | | | |



