

# T4 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

# SPORTS AND ART PROGRAMS

ACTIVITY	PRICE PER CLASS – FROM WEEK 1 <small>(price goes down week by week)</small>	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	
<b>WEDNESDAY</b>				
Junior Boxing	\$125	5 to 11	4pm to 5pm	
Youth Boxing	\$125	11 to 16	5pm to 6pm	
<b>THURSDAY</b>				
Basketball skills	\$125	5 to 12	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 PROGRAMS

ACTIVITY	PRICE – FROM WEEK 1	AGE	TIME	SELECTED CLASS
<b>MONDAY</b>				
Gym Star	Direct Debit - \$32 p/fortnight	5 to 11	4pm to 5pm	
Gym Plus	Direct Debit - \$32 p/fortnight	8 to 14	5pm to 6pm	
<b>TUESDAY</b>				
Gym Star	Direct Debit - \$32 p/fortnight	5 to 11	4pm to 5pm	
Gym Plus	Direct Debit - \$32 p/fortnight	7 to 14	4pm to 5pm	
<b>WEDNESDAY</b>				
Jnr Gym	Direct Debit - \$32 p/fortnight	3 & 4	3pm to 4pm	
Gym Star	Direct Debit - \$32 p/fortnight	5 to 11	4pm to 5pm	
Gym Plus	Direct Debit - \$32 p/fortnight	8 to 14	5pm to 6pm	
<b>THURSDAY</b>				
Kindy Gym	Direct Debit - \$32 p/fortnight	18m to 3	9am to 10am	
<b>FRIDAY</b>				
Gym Star	Direct Debit - \$32 p/fortnight	5 to 11	4pm to 5pm	
Gym Plus	Direct Debit - \$32 p/fortnight	8 to 14	5pm to 6pm	
<b>SATURDAY</b>				
Kindy Gym	Direct Debit - \$32 p/fortnight	18m to 3	9am to 10am	
Jnr Gym	Direct Debit - \$32 p/fortnight	3 & 4	10am to 11am	
Gymstar	Direct Debit - \$32 p/fortnight	5 to 11	11am to 12pm	
<b>Gym NSW Registration</b>	<b>\$25 UPFRONT for All rec Gymnastics</b>			
<b>Direct Debit Info</b>	<b>Bookings Via DD are on-going and will be rolled over from term to term (1 booking form per year)</b>			

## Payment Details – For Term Bookings (If not paying pro rata directly at PCYC)

<b>Card Number</b>			
<b>Name on Card</b>		<b>Signature</b>	
<b>Expiry Date</b>		<b>CVC Number</b>	

# Terms & Conditions

- 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:	UPFRONT	DIRECT DEBIT	AKR FAM CREDIT

## Payments for **GYMNASTICS ONLY**

### Fortnightly Direct Debit

- Direct debits will come out fortnightly. The amount debited will be the fortnightly training cost (\$32).
  - There will be a pro rata amount payable at the front desk for the lessons that occur before the first DD for new DD signups.
  - The GNSW registration fee cannot be direct debited and will be payable upfront (in the club or over the phone)
  - DD payments will **NOT** run during school holidays– holidays are **NOT** included in the direct debits.
  - Any missed debits will incur a \$10 rejection fee. This fee plus the missed payment must be paid upfront and will not be added to a future debit.
  - A direct debit authorisation form will need to be filled out.
  - The direct debit will continue unless written notice of termination has been given to PCYC staff. The direct debit will cease 30 days after the written notice has been received.
- I have read, understood, and agree to the conditions related to my chosen payment method**

I \_\_\_\_\_ declare that I understand and agree to the terms and conditions of the PCYC Penrith Gymnastics Program.

<b>DIRECT DEBIT REQUEST</b>	
<b>Business details (Business)</b>	
Facility name:	PCYC Penrith
Address:	100 Station Street, Penrith, NSW 2750
Phone:	(02) 4732 1755
ABN:	89 401 152 271
<b>Customer details</b>	
Full name:	
Phone:	
Mobile:	
Date of birth:	
Address:	
Email address:	
<b>Payment details</b>	
Payment amount:	
Payment Frequency:	Fortnightly
Day of the week/month:	Thursday
First payment date:	
<b>Direct debit from bank account, building society or credit union</b>	
Financial institution:	
Account name:	
BSB number:	
Account number:	
<p><b>Authorisation:</b> 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.</p>	
I confirm that I have authority over this bank account and that it can be operated severally:	[yes] / [no]
<b>Credit card (Visa, Mastercard)</b>	
Charge my payments to:	
Card number:	
Expiry date:	
Name on card:	
<p><b>Authorisation:</b> 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.</p>	
<p>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.</p>	
Signature:	Date: