

MEMBER DETAILS

PLEASE PRINT CLEARLY (*Mandatory information)

Member number _____

Surname: _____

First name: _____

Date of birth: ____/____/____

Street address: _____

Suburb: _____

Postcode: _____

Contact number: _____

Email: _____

* I do not wish to receive any information or be contacted by PCYC NSW about its activities. (please tick if applicable.)

TICK ONE BOX ONLY

Female Male Non-Binary Prefer not to say

Are you of Aboriginal or Torres Strait Islander descent?

No Yes

Do you use a language/s other than English at home?

No Yes

Language: _____

CODE OF CONDUCT

Members are committed to the mission of Police Citizens Youth Clubs NSW Ltd (PCYC NSW) to provide recreational activities including sports, arts and life skills that offer young people the chance to lead and enjoy a good life.

In participating in a PCYC NSW program or activity, members agree to:

- Respect the rights and dignity of all members, participants and the wider community;
- Do not abuse or harass others with actions or words, place them in danger, treat them in a discriminatory way, or take advantage of them;
- Respect the privacy of other members;
- Help us provide a safe environment and safe activities;
- Let us know if things are broken;
- Report problems or behaviour that put yourself, or others, at risk of harm or abuse;
- A drug, alcohol and smoke-free PCYC NSW;
- A zero-tolerance policy on prohibited drugs, stimulants, steroids or doping for physical performance and;
- Follow all PCYC NSW rules and policies.

I have read and understand the code of conduct in this PCYC NSW club membership form and acknowledge that misconduct may to suspension or cancellation of membership in, and access to, a PCYC NSW club.

PRIVACY

PCYC NSW is committed to the Privacy Act 1988 and the Health Records and Information Privacy Act 2002. For PCYC NSW to conduct its activities and comply with government law and regulations, it is necessary to collect and use certain kinds of personal information about club members. That information includes the information collected in this membership form and as a result of being a member.

As much as possible, PCYC NSW will only collect such information directly from you, but we may also collect information from a parent, guardian or third party in certain circumstances such as accidents or incident investigations. We will take reasonable steps to ensure that personal information is up to date and accurate, complete and secure, and to destroy information when it is not needed.

You may request access to any personal information PCYC NSW holds about you. PCYC NSW's privacy policy can be found at www.pycnsw.org.au or be provided on request.

I have read and understand the PCYC NSW statement on privacy in this club membership form.

EMERGENCY INFORMATION

PARENT / GUARDIAN / NEXT OF KIN - if required, PCYC staff can contact the following:

CONTACT 1:

First name: _____

Last name: _____

Relationship: _____

Contact number: _____

CONTACT 2:

First name: _____

Last name: _____

Relationship: _____

Contact number: _____

AUTHORISATION

I authorise PCYC NSW to obtain all necessary medical treatment which may be required by me (or my child or ward) while in the care, control or custody of PCYC NSW, including any anaesthetic or surgical attention, which may be prescribed by an appropriately qualified medical practitioner. I acknowledge that the costs of any such treatment, including ambulance fees, will be my responsibility.

- I authorise PCYC NSW to exercise all reasonable control, necessary in the circumstances over me (or my child or ward) or over my (or my child's or ward's) behaviour while in the care, control or custody of PCYC NSW.
- I authorise PCYC NSW to undertake police checks on me as part of its membership acceptance and review processes. I acknowledge that initial and continuing membership and volunteering are subject to any decision by PCYC NSW, at its absolute discretion, based on such police checks and recommendations.
- I authorise PCYC NSW to use my, or my child's or ward's, photographic image and/or voice and/or words (all known as "digital resource") for promotional purposes. I assign any and all rights, title and interest in the digital resource to which I or my child or my ward may be entitled in law, to PCYC NSW, and agree to make no claim for compensation for the use of the digital resource.
- I acknowledge the range of activities run by PCYC NSW and consent to my or my child's or ward's participation in any activities run by PCYC NSW, or its agents.
- I acknowledge that PCYC NSW may from time to time contact me about events, activities and offers from PCYC NSW, and its partners. PCYC NSW will not share data with third parties. Please refer to the Privacy Policy at www.PCYCNSW.org.au for full details.

PARTICIPATION

- I acknowledge that participation in PCYC NSW activities involves the risk of injury and/or loss and damage to my property and that I participate in PCYC NSW activities at my own risk.
- PCYC NSW, its staff, management, volunteers or agents are not liable for any personal injury, loss or damage of property or expenses, including medical expenses, which I or my child or ward may suffer at the Club and/or as a result of a PCYC NSW activity.
- I acknowledge that, on this form, I have provided medical information only for emergency purposes, and that PCYC NSW is not liable for failing to use this information in any circumstances.
- I acknowledge that PCYC NSW membership does not include personal accident insurance coverage.

PRE-EXERCISE QUESTIONNAIRE

To identify individuals with known disease, and/or signs or symptoms of disease, who may be at a higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session, resulting in ill health, physical harm or death to an individual.

This stage may be self-administered and self-evaluated by the client. Should you have any questions about the screening form please contact your exercise professional for clarification.

- Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?
 Yes No
- Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?
 Yes No
- Do you ever feel faint, dizzy or lose balance during physical activity/exercise?
 Yes No

- Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?
 Yes No
- If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?
 Yes No
- Do you have any other conditions that may require special consideration for you to exercise?
 Yes No

IF YOU ANSWERED 'YES' to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

An induction / orientation is offered to all persons above 18yrs. Please sign here if you do not wish to take part in an induction.

Sign: _____

USER DECLARATION & RELEASE OF LIABILITY

I wish to participate in organised gym and weights activities, and/or use gym and weights areas and equipment. I declare that: My membership is current; I am competent to use the Club's equipment; I will not misuse equipment;

I will report faulty or damaged equipment; I acknowledge my membership commitment to follow the PCYC Code of Conduct.

I understand I am enrolling in a program of physical activity and use of various conditioning and exercise equipment.

I hereby affirm that I am in good physical condition and do not suffer from any medical conditions or have any physical restraints that would prevent or limit my participation in such physical activity. I fully understand that I may suffer injury as a result of my participation and I hereby release the

Trainer and The Premises from any and all liability now or in the future, including but not limited to, medical expenses, lost wages, pain and suffering, that may occur by reason of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, whether occurring during or after my participation in the program or use of the conditioning and exercise equipment and facilities, regardless of fault.

I hereby agree to accept and be legally bound by this agreement. By signing below, I attest, contract, acknowledge, and agree that I am legally bound in consent.

Signed: _____

Date: ____/____/____

Witness / Instructor: _____

ACCEPTANCE AND SIGNATURE

You will be required to provide photo-ID when submitting this form.

All the information provided by me on this form by me is accurate and true. I have read and accept those sections of this form relating to conduct, privacy, authorisation and participation. I acknowledge and accept that PCYC NSW's decision to accept or not accept my application is at PCYC NSW's discretion and is final.

Name of applicant
IF THE APPLICANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN

Signature of Applicant

Date

OFFICE USE ONLY

Witness name (PCYC staff member)

Signature of Witness

Date

Form of ID provided Driver Licence Passport Other (Specify)

PCYC receipt number _____

Receipt Date _____

Version 1 - March 2023



POLICE CITIZENS
YOUTH CLUB NSW



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
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- 1.
- 2.
- 3.
- 4.

RESPONSIBLE PERSON FULL NAME: _____ DOB: _____
 EMAIL: _____ PHONE NUMBER: _____

CHILD#1	Preference						
	Class Name:			Class Time:			
	Class Day (Please Circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

CHILD#2	Preference						
	Class Name:			Class Time:			
	Class Day (Please Circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

CHILD#3	Preference						
	Class Name:			Class Time:			
	Class Day (Please Circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

CHILD#4	Preference						
	Class Name:			Class Time:			
	Class Day (Please Circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

CHILD:	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.pcyctnsw.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:

Card Number:

Expiry Date:

CVC:

Parent Name

Signature

Date

PCYC Staff Member

DIRECT DEBIT REQUEST	
Business details (Business)	
Facility name:	PCYC Southern Highlands
Address:	6 Hawkins Drive, Mittagong, NSW 2575
Phone:	(02) 4868 5200
ABN:	89 401 152 271
Customer details	
Full name:	
Phone:	
Mobile:	
Date of birth:	
Address:	
Email address:	
Payment details	
Payment amount:	
Payment Frequency:	Fortnightly
Day of the week/month:	Thursday
First payment date:	15/01/25 or 29/01/25
Direct debit from bank account, building society or credit union	
Financial institution:	
Account name:	
BSB number:	
Account number:	
<p>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.</p>	
I confirm that I have authority over this bank account and that it can be operated severally:	[yes] / [no]
Credit card (Visa, Mastercard)	
Charge my payments to:	
Card number:	
Expiry date:	
Name on card:	
<p>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.</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: