

## GYM PRICES 2024

### Workout where it matters

Start or continue your health and fitness journey with PCYC NSW today, with flexible membership options to suit your needs

Lifestyle	Flexi
12 Month Contract	Non-Contract
\$23.90	\$27.90



CHARGED FORTNIGHTLY ON  
DIRECT DEBIT

CASUAL VISITS AVAILABLE - \$15 per visit

PAID UPFRONT 12 MONTH MEMBERSHIP - \$590 pa

Note: PCYC Annual Membership required - \$30 pa

POLICE CITIZENS YOUTH CLUBS NSW LTD  
ABN 89 401 152 271 CAN 000 041 056

DONATIONS \$2 AND OVER ARE TAX DEDUCTIBLE

**ADDRESS** Waratah Park, Eton Street Sutherland NSW 2232  
T (02) 9521 5690 E [sutherland@pcycnsw.org.au](mailto:sutherland@pcycnsw.org.au)  
[www.pcycnsw.org.au/sutherland](http://www.pcycnsw.org.au/sutherland)

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## Membership Terms and Agreement

First Name:

D.O.B:

Surname:

Phone:

Address:

I hereby agree to the Gym + Fitness membership with PCYC NSW. I understand that I am responsible to make payments of:

Amount:

Frequency:

Failure to do so will result in PCYC NSW terminating my membership or incurring a \$10 dishonour fee paying before resuming my Gym + Fitness membership.

This membership agreement is subject to a 10day cooling off period in which the consumer is entitled to a full refund if the service does not meet expectations. This must be requested in writing within 10days of entering the agreement and submitted to PCYC NSW.

I accept that I must adhere to the following entry requirements of the Gym + Fitness centre:

1. Treat all equipment with care and respect to ensure the longevity of the equipment
2. Wipe all machines after use to ensure no sweat residue is removed for the next member
3. Replace all equipment in the place it belongs
4. Be courteous of and share equipment with other gym members
5. Do not yell, use profanity, bang equipment or make loud noises
6. Ask staff how to correctly use equipment if unsure to prevent injury or harm
7. Do not leave bags or personal belongings on the gym floor
8. Notify club staff of any noticeable wear and tear of machines, or any equipment out of order
9. Wipe hands prior to commencing workout

I understand that I can place my membership on hold and pause payments for up to 8 weeks per year, with a minimum of one weeks notice provided to the Gym + Fitness Centre. During this time I will be unable to access the Gym + Fitness Centre.

I acknowledge that I have been given the option of choosing a membership based on either periodic billing or pre-payment. I have chosen to pay my membership by periodic billing/ pre-pay my entire membership fee.

\_\_\_\_\_  
Initial

I acknowledge that unless I provide written notice of termination of my membership prior to the end of the minimum period of my periodic billing membership contract, my membership fees will continue to be deducted until 30days after I provide written notice of termination to the fitness centre. I understand that the fitness centre must respond to its receipt of a written termination notice within 7 days.

\_\_\_\_\_  
Initial

I \_\_\_\_\_ declare that I understand and agree to the terms and conditions of membership at PCYC Gym + Fitness. I have read and the terms and conditions of the previously mentioned membership.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

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

**HAVE YOU OFFERED THE MEMBER A COPY OF THE TERMS & CONDITIONS  
YES / NO**



DIRECT DEBIT REQUEST	
<b>Business details (Business)</b>	
Facility name:	PCYC Sutherland
Address:	Waratah Park, Eton Street (South), Sutherland, NSW 2232
Phone:	(02) 9521 5690
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:	
Day of the week/month:	
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, AMEX)</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:

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.

**DISHONOURED PAYMENTS**

I/We acknowledge that:

- (a) 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
- (b) 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:

- (a) Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- (b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details.
- (c) 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:

- (a) 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.
- (b) 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:

- (a) to the extent specifically required by law;
- (b) 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
- (c) 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](mailto:customerservice@debitsuccess.com)



## 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.pycynsw.org.au](http://www.pycynsw.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](http://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