COMPETITIVE GYMNASTICS

CONTINUOUS ENROLMENT FORM 2026

ENROLMENT TYPE:

○ NEW MEMBER ○ RENEWING ○ TRANSFER

*Please note **enrolments are ongoing** and will automatically continue through to the following term/year*

Written notice of 4 weeks is required to cancel an enrolment

CHILD DETAILS:

Name: _____ Gender: **M / F / Other** (circle)

Address: _____

Postcode: _____ Date of Birth: _____

PARENT / RESPONSIBLE ADULT DETAILS:

Name: _____

Address: _____

Email: _____

Mobile: _____ Home / Work Number: _____

EMERGENCY CONTACTS:

CONTACT 1: Name: _____

Relationship to Member: _____ Contact Number: _____

CONTACT 2: Name: _____

Relationship to Member: _____ Contact Number: _____

OFFICE USE ONLY:

GA Registration Number: _____ Date Registered: _____

CONSENT AGREEMENT:	***YES***	***NO***
I/WE accept responsibility for the payment of all program fees by monthly direct debit or annual upfront payment and understand payments are non-refundable *(except in exceptional circumstances at the discretion of Club management)*. Make-up lessons are available and can be confirmed with the Gymnastics Coordinator.		
I/WE agree that services will be suspended and enrolment cancelled (at the discretion of Club Management) if the account for program fees is **overdue by 90 days or more.**		
I/WE understand that I may be invoiced for overdue fees, competitions, clothing items or other applicable charges for the gymnastics program and agree to pay in accordance with the agreed Terms & Conditions. I understand that failed and/or late payments may incur an administration fee of **$25** per transaction.		
I/WE give permission for my child to be photographed or filmed while participating in any Club activities. I consent to the photographs or videos being used for publicity, if so required.		
I/WE give permission for my child to receive first aid, medical or ambulance assistance in the case of an accident and agree to pay any costs incurred. **I/WE** advise that our child is fully immunised or otherwise agree to take responsibility for any risk associated with enrolling a partially or unimmunised child.		
I/WE acknowledge that I have read, understood and agree to Hobart PCYC's Terms & Conditions, Unaccompanied Minors Policy and Privacy Policy.		
I/WE understand that I may request access to my personal information, including the formal registration information that is held by the Hobart PCYC about my family.		
The information **I/WE** have provided on this form is complete and correct to the best of my knowledge, and **I/WE** undertake to advise the Hobart PCYC promptly of any changes that may occur.		
I/WE understand that all users of the Hobart PCYC facility have an obligation to engage in safe workplace practices and to assist in reducing safety hazards. If any workplace safety issues come to my attention, potential or otherwise, I understand that I am obliged to report the safety issue to either the General Manager, Reception Desk or Coaching staff.		

PRIVACY INFORMATION:

In accordance with the Privacy Act and Hobart PCYC's Privacy Policy, the information provided on this enrolment form will be used primarily for matters related to the participation in the sport of gymnastics and matters related directly to that participation. Organisations to which we may disclose personal information may include:

☑ Gymnastics Tasmania
☑ Gymnastics Australia
☑ Govt. Sport & Recreation Authorities
☑ Australian Sports Commission
☑ Insurance Companies
☑ PCYC Tasmania

Hobart PCYC limits such disclosure to only those personal details needed to achieve the specific purpose for which the Club is supplying it to those organisations. If you choose not to supply sufficient information, the Club may not be able to provide you with the services that you would like or the level of services that it aspires to provide.

SIGNATURE(S):

Signed:_____ (Parent/Guardian) Date: _____ / ____ / ____

Signed:_____ (Parent/Guardian) Date: _____ / ____ / ____

If you've any questions regarding the content of this enrolment form, please contact Hobart PCYC Reception
ph. (03) 6107 9206 OR enquiries@hobartpcyc.org.au

CHILD EXERCISE & PHYSICAL ACTIVITY READINESS ASSESSMENT

HEALTH DETAILS:

CHILDS NAME: _____

Does your child have, or has your child had (please tick and if yes specify):

- ☐ A heart condition _____
- ☐ Diabetes (Type 1 or 2) _____
- ☐ High blood pressure _____
- ☐ High cholesterol _____
- ☐ Cystic Fibrosis _____
- ☐ Asthma/Breathing issues _____
- ☐ Epilepsy/Seizures _____
- ☐ Fainting/Dizzy spells _____
- ☐ Eating Disorder _____
- ☐ Chronic Disability/Illness _____
- ☐ Heat Stroke/Heat related Illness _____
- ☐ Increased bleeding/Haemophilia _____
- ☐ Other _____

In the past 12 months has your child had (please tick and if yes specify):

- ☐ Muscular pain while exercising _____
- ☐ Joint pain or pain in the bones _____
- ☐ Broken bones or bone injury _____
- ☐ Surgery or hospitalisation of any kind _____

Does your child take any medications? ☐ **NO** ☐ **YES**
If yes, please specify: _____

Does your child have any allergies? ☐ **NO** ☐ **YES**
If yes, please specify: _____

Does your child follow a special diet? ☐ **NO** ☐ **YES**
If yes, please specify: _____

Has your child had any vision, hearing, speech or motor sensory skills issues? ☐ **NO** ☐ **YES**
If yes, please specify: _____

Does your child have any medical or physical reason that may affect or prevent your child's ability to participate in any gymnastics or exercise program? ☐ **NO** ☐ **YES**
If yes, please specify: _____

Have you attached an Action Plan (i.e: Asthma/Anaphylaxis Plan)? ☐ **NO** ☐ **YES**
If yes, please specify: _____

CONTACTS:

FAMILY DOCTOR: _____ **PHONE:** _____

Please specify an emergency person who should be contacted and phone number below:

NAME: _____ **PHONE:** _____

CONSENT:

I hereby acknowledge that:

- The information provided above about my childs health is correct to the best of my knowledge and I will inform Hobart PCYC immediately if there are any changes to this information.
- I give permission for my child to commence gymnastics/activities and understand that my child participates at his/her own risk and I accept all responsibility for any injury or harm that may occur while undertaking gymnastics/activities at the Hobart PCYC.

Parent/Guardian Signature:_____ **Date:**_____ / _____ / _____

CLASS SELECTION FORM 2026

COMPETITIVE GYMNASTICS

MONDAY 12th JANUARY – SATURDAY 12th DECEMBER 2026

Please number box(es) to indicate class preference (for example, 1 2 3)

NAME: _____ ***AGE:*** _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	(RG) Rhythmic Gymnastics Level 1-2 3:30pm – 5:30pm ☐ **Level 3-6** 3:30pm – 5:30pm ☐ **Venue:** Basketball Court	**(WAG) Girls Competitive Gymnastics Level 3-6** 4:30pm – 7:30pm ☐		**(RG) Rhythmic Gymnastics Level 3-6** 4:30pm – 6:30pm ☐ **Venue:** Basketball Court	**(WAG) Girls Competitive Gymnastics Level 3-6** 10:30am – 1:30pm ☐
	(MAG) Boys Gymnastics Level 1-2 4:30pm – 6pm ☐ **Boys Competitive Gymnastics Level 3+** 4.30pm – 6.30pm ☐	**(TUM) Competitive Tumbling & Double Mini Trampoline Level 1-3** 5:00pm – 6.30pm ☐		**(TUM) Competitive Tumbling & Double Mini Trampoline Level 4+** 5pm – 7pm ☐	**(WAG) Girls Pre-Comp** Beg/Int * ***BY INVITATION ONLY*** 11:30am-1pm ☐
	(WAG) Girls Competitive Gymnastics Level 3-6 4:30-7:30pm ☐ **Pre-Comp** Beg/Int * ***BY INVITATION ONLY*** 4:30pm – 6pm ☐	**(TUM) Competitive Tumbling & Double Mini Trampoline Level 4+** 5:30pm – 7:30pm ☐			**(MAG) Boys Gymnastics Level 1-2** 11:30am – 1.00pm ☐ **Boys Competitive Gymnastics Level 3+** 11.30am – 1.30pm ☐

REQUIRED TRAINING HOURS:

RG - Rhythmic Gymnastics (Level 1-2) – 2 Hrs p/w_____**$108.10 per month**
RG - Rhythmic Gymnastics (Level 3-4) – 4 Hrs p/w_____**$173.25 per month**
MAG - Boys Gymnastics (Level 1-2) – 1.5 Hrs p/w_____**$84.20 per month**
MAG - Boys Gymnastics (Level 3-4) - 4 Hrs p/w_____**$170.45 per month**
TUM - Competition Tumbling & DMT (Level 1-2) – 1.5 Hrs p/w___**$84.20 per month**
TUM- Competition Tumbling & DMT (Level 3+) - 4 Hrs p/w_____**$170.45 per month**

WAG - Girls Gymnastics (Pre-Competitive Beg/Int) – 1.5 Hrs p/w _____**$74.75 per month**
WAG - Girls Gymnastics (Pre-Competitive Advanced) – 2 Hrs p/w_____**$95.85 per month**
WAG - Girls Gymnastics (Level 3) - 3 Hrs p/w_____**$142.50 per month**
WAG - Girls Gymnastics (Level 3) - 6 Hrs p/w_____**$205.75 per month**
WAG - Girls Gymnastics (Level 4) - 6 Hrs p/w_____**$205.75 per month**
WAG - Girls Gymnastics (Level 4) - 9 Hrs p/w_____**$303.50 per month**
WAG - Girls Gymnastics (Level 5) – 9 Hrs p/w_____**$303.50per month**

NOTE: Direct debit payments will be reduced if a public holiday(s) affects attendance in any given month. Also, the Competitive Program **shall not operate** for the first week of each school holiday period (i.e. **20th April -25th April / 13th July -18th July / 5th October - 10th October**)

$$$ PAYMENT AGREEMENT $$$

PREFERRED PAYMENT OPTION:

○ Monthly Direct Debit ○ Annual Upfront Payment

ACCOUNT INFORMATION: (Must also be completed by those selecting Annual Upfront Payment options)

○ BANK ACCOUNT

Account Name: _____

Bank: _____

BSB Number: _____

Account Number: _____

Authorisation signature: _____

○ CREDIT CARD

Card Holder Name: _____

Card Number: _ _ _ _/ _ _ _ _ /_ _ _ _/ _ _ _ _

Expiry Date: _____/_____

CCV Number: _____

Authorisation signature: _____

AUTHORITY AGREEMENT:

- **I/WE** authorise a one-off payment for the amount of **$140** for annual membership and insurance fees with Gymnastics Australia (expires 31st December).
- If selecting the Direct Debit option, **I/WE** agree that the monthly class fees in line with our program selection, will be debited on the 15th of each month (or next working day) from the nominated account set out in this Direct Debit Request.
- If selecting the Annual Upfront Payment option, **I/WE** authorise Hobart PCYC to debit my nominated bank account.
- By signing this Direct Debit Request, **I/WE** acknowledge that **I/WE** have read and understood Hobart PCYC's terms and conditions governing the debit arrangements between myself and Hobart PCYC as set out in this Direct Debit Request.
- **I/WE** agree that Hobart PCYC reserves the right to change the membership debit fee after notifying me/us via email address or phone number.
- **I/WE** accept that it is our responsibility to keep all contact and payment details up to date and that **I/WE** will advise Hobart PCYC of any update in account details as soon as possible to avoid late/unsuccessful payment fees.
- **I/WE** understand that program fees are non-refundable except in exceptional circumstances and at the discretion of Club Management.
- **I/WE** understand that written **notice of 4 weeks** is required to be provided to Hobart PCYC in order **to cancel a membership** and/or enrolment.
- **I/WE** understand that an administration fee of **$25** may be charged where any payment is not successful on the nominated date/s.

Name: _____ Signature: _____ Date: ____/____/____

Name: _____ Signature: _____ Date: ____/____/____

TERMS AND CONDITIONS OF USE

The following important information affects your legal rights and obligations. Please read this document carefully and sign to indicate you have understood and agree to the conditions of undertaking activities at the Hobart PCYC. Do not sign this document or undertake activities unless you are satisfied that you understand this document and agree. If you are less than 18 years of age a parent or guardian must read and understand this form and sign on your behalf. By signing this form, you acknowledge and agree to all terms applicable to your/your childs' facility usage or class enrolment: -

GENERAL

1. I acknowledge and agree that the activities organised and conducted by the Hobart PCYC (PCYC), including but not limited to gymnastics classes, weight gym and fitness, senior fitness classes, gym sports, self-defence classes, disability activities and other associated activities expose me to inherent dangers and risks, including the risk of injury or death.

2. I acknowledge and agree that whilst the PCYC may have made every effort to reduce the above-mentioned risks, these are risks inherent in my participation in all activities associated with PCYC and that due to the nature of PCYC activities it would be unreasonable for PCYC to be in any way responsible for any injury or death that I may suffer. I acknowledge and agree that I am undertaking the PCYC activities freely, voluntarily and absolutely at my own risk and with full appreciation of the nature and extent of all risks involved in PCYC activities.

3. I acknowledge and agree that these terms and conditions are subject to change and that it is my responsibility to check the PCYC website for the most up-to-date version. I understand that a hard copy may be requested at any time.

SAFETY/SECURITY REQUIREMENTS

4. I acknowledge and agree that whilst PCYC may have made every effort to reduce the risks and hazards associated with PCYC activities, there are numerous hazards that can occur whilst participating in PCYC activities, whether at the PCYC premises or not. I acknowledge that due to the nature and layout of PCYC's multi-purpose facility, environmental factors such as equipment layout may create hazards, including but not limited to trip and slip hazards.

5. I acknowledge and agree that I have an obligation to participate in PCYC activities in accordance with all safety requirements and with regard to other participants. I agree to adhere to expressed or customary rules and general codes of conduct set out by PCYC or as otherwise directed by PCYC. I acknowledge and agree that if I fail to observe these rules and directions, I may be asked to leave the premises or have my access rights (including membership) suspended or cancelled in accordance with the PCYC constitution.

6. I acknowledge and agree that I have the responsibility to ensure the safety of any children in my care prior to and after any use of the facility or class/program conducted by the PCYC and I agree that it is my responsibility to read and abide by the PCYC's Unaccompanied Minors Policy. I understand that a full copy may be obtained by request at the Reception Desk or online at www.hobartpcyc.org.au

7. I acknowledge and agree that the PCYC shall operate recorded video surveillance and that member access to the facility is by use of the member key tag that is scanned at the Reception Desk upon arrival. Replacement key tags for lost or misplaced key tags will attract a $5.00 replacement fee.

8. I acknowledge and agree that:
   a. I may not bring guests into the facility at any time without prior written consent of the PCYC; and
   b. that members must not allow any other person to use their key tag and must advise the PCYC immediately if it is lost or stolen.

   If either of these conditions is breached the PCYC may charge me a guest fee and/or may suspend or cancel my access rights (including membership) and may charge me $250, which I acknowledge and agree is a genuine pre-estimate of the loss suffered by the PCYC in such circumstances.

9. I acknowledge and agree personal training services provided in the facility may be provided either by the PCYC, its employees or authorised independent contractors in operation of that contractor's own business. No other personal training may be conducted on the premises.

10. I acknowledge and agree that all gym members have access to a free orientation session including advice on the proper use of facilities and equipment and that it is the members' responsibility to request this orientation service.

11. I acknowledge and agree that I must wipe down equipment and rack up any weights used.

12. I acknowledge and agree that I must use the safety facilities provided on the equipment and shall seek instruction from PCYC staff if unsure about the use of equipment.

13. I acknowledge and agree that unruly behaviour, vulgar language or improper use of equipment in the facility or being present in the facility while intoxicated, whether as a result of alcohol or drug ingestion, or other inappropriate behaviour is not permitted. If I do any such thing, PCYC may suspend or cancel my access rights (including membership) without any entitlement for refund.

14. I acknowledge and agree that I must not photograph or video at any time while inside the facility.

15. I acknowledge and agree that persons under the age of 18 years are not permitted to use the facility unless a parent/guardian has assumed personal and financial responsibility requiring both parties' signatures at the time of signing the relevant access/use form. The minimum **unaccompanied entry** age to the weight and cardio gym is **15 years**.

16. I acknowledge and agree that appropriate attire must be worn in the facility at all times. Sports shoes are compulsory for the gym. Work boots, street shoes, thongs and open-toed sandals are not acceptable. Jeans and drill trousers are not permitted. No hoods are to be worn over the head or face on entry or in the facility. PCYC staff have the right to refuse entry to anyone inappropriately dressed.

MEDICAL CONDITIONS

17. I agree to inform PCYC of any medical conditions or existing injury that may impair my ability to participate or increase my chance of further injury or harm by truthfully completing the PCYC Medical Clearance Form to the best of my knowledge. I hereby give my consent to first aid care, hospital care and/or medical assistance which PCYC and its agents consider appropriate or necessary if at that time I am not able to give my consent due to unconsciousness or other medical incapacity.

    I agree to meet any expense associated with such medical assistance. I acknowledge and agree that PCYC has no responsibility for my treatment or transport should I sustain an injury whilst participating in PCYC activities.

PROMOTION/ADVERTISING

18. I acknowledge and agree that I may be photographed or filmed by PCYC or its agents whilst undertaking activities with PCYC and these may be used for promotional purposes by PCYC. I permit PCYC to use my name, image, likeness and my performance in any PCYC activity at any time for any purpose whatsoever without any form of reimbursement. I will inform PCYC in writing if in the future I want to withdraw this permission.

19. I acknowledge and agree I may not affix any advertising nor otherwise advertise in the facility.

INDEMNITY WITH RESPECT TO PCYC ACTIVITIES

20. To the extent permitted by law, I release PCYC, its related entities and agents (including their respective directors, officers, employees, members, contractors, teams, agents, mentors and volunteers) ('the Indemnified Group') from any liability for any damages, loss, liability or injury I may suffer or incur (whether fatal, property or otherwise) relating to or arising out of my participation in PCYC activities and use of any piece of equipment designed or used for the purpose of providing PCYC activities ('Liability'), whether the PCYC activities are on-site at any property owned or occupied by the PCYC or off-site ('the Facilities'), howsoever caused (including negligence), except to the extent that the Indemnified Group are insured in respect of such Liability. I agree and acknowledge that to an extent I am waiving my right to pursue any contractual rights, express or implied, that may arise in relation to my relationship with PCYC (or casual use at any other time) and any claims that I may have in relation to breach of duty or negligence.

I agree that this release shall apply to and on behalf of any minor on whose behalf I have signed as parent and/or guardian.

21. I agree to indemnify on a continuing basis and on a full indemnity basis the Indemnified Group and each of them for any damage, loss, liability or injury that any one or more of the Indemnified Group may suffer or incur (including by indemnity to third parties) as a result of my conduct (or the conduct of any minor on whose behalf I have signed as parent and/or guardian) at or in the course of any PCYC activities (supervised or unsupervised) and/or my (or their) use of the Facilities.

PAYMENT

22. I agree to pay the costs of attending PCYC including class or training session fees, PCYC membership fees, specific activity Insurance and Registrations fees (e.g. Gymnastics Australia or Boxing Tasmania Fees), Administration or Equipment Levies and other associated fees outlined on the Club Invoices, membership/registration forms or the Website/Brochures. I also agree to pay the costs of any additional Competition Entry Fees, Grading Level Badges, Event Fees or other costs that I may opt to incur.

23. I agree that if my payment is not paid or a regular payment plan (via direct debit) organised and adhered to under the set terms and conditions, that I will pay an additional Administration Fee of $25 where any scheduled direct debit payment is unsuccessful or any invoice is over 30 days late to cover PCYC's additional costs, **and** I will pay all Collection Agency/Legal Fees incurred in the recovery of the outstanding amount.

I agree that the PCYC may deactivate a member's key tag while any payment is outstanding.

24. I agree that I may only cancel this agreement by giving four (4) weeks' notice and completing and signing a, "Notice of Cancellation" form, the original of which shall be delivered to the PCYC during staffed hours. A phone call or email is not considered an acceptable form of notice of cancellation.

25. I agree that unless cancelled, as provided in this agreement, I will be responsible for all payments due and owing under this agreement, even if there is no use of the facilities and services. In the event of death or disability, liability for fees will terminate at the date of death or disability. If the facility becomes temporarily unavailable due to events such as fire, flood, loss of lease or the like the PCYC will extend a member's privileges for the same period as the facilities were unavailable.

26. I agree that PCYC may change any of its membership fees unilaterally, and that I will pay the new membership fees (including any increase) after a notice period of not less than four (4) weeks has been provided to me by letter, email or notice erected at the Reception Desk.

27. I agree that if I am having difficulty paying an invoice or other PCYC cost that I will make an appointment to speak to the Club Manager (or nominee) that has discretion in these matters, about organising a Payment Arrangement or other arrangement.

28. I agree that membership rights may not be transferred and that the PCYC is not required to recognise or accept any purported or attempted transfer of membership rights.

PRIVACY/MEMBER DETAILS

29. I acknowledge that the PCYC respects the privacy of individuals.

30. I agree that the PCYC, its authorised staff, volunteers, contractors and government agencies or referral agencies covered by law, may be recipients of my personal information ('Recipients').

31. I permit the use of my personal information by the Recipients in accordance with the PCYC's Privacy Policy.

32. I agree that it is my responsibility to access the full details of the PCYC's Privacy Policy and understand that a full copy may be obtained by request at the Reception Desk or online at www.hobartpcyc.org.au

LEGAL ADVICE

33. I confirm that I have been advised by the PCYC to obtain legal advice before signing this document.

PARENT/ GUARDIAN SIGNATURE

User Signature: _____

Date _____/_____/_____

Parent/Guardian: _____

Date _____/_____/_____

PCYC STAFF MEMBER SIGNATURE

Signed for and on behalf of the Hobart Police and Community Youth Club Inc:

Staff Signature: _____

Date: _____/_____/_____