## **Play Active Enrolment**



How did you hear about the Cockburn ARC?						Word of	of mouth Billboards				
Referral	l Website			Newsp			per	Other (specify):			
PERSONAL DETAILS											
Child First Name:				ild Surn	ame:				Date of	Birth:	
Parent First Name:				Parent Surname:				Date of Birth:			
Gender:				Email:							
Address:				Suburb:					Postcoo	de:	
Mobile:				Home/work Phone:							
EMERGENCY CONTACT DETAILS			Name:			Phone Number:					
PLAY ACTIVE CLASS DETAILS			Class Name:				Class Day:				
MEMBERSHIP OPTIONS											
Play Active Enrolment											
\$10.00 per week											
BANK ACCOUNT DETAILS				<u>OR</u>	CREDIT CARD DETAILS						
Account <u>or</u> Card Holders Name:											
Institution			Type of Card			Mas	MasterCard Visa				
Branch			Credit Card Number								
BSB #		Expiry Date				_/					
Account #			Signature			X					
\$20.00 PER Commence	te it in the rship fees v ancels the ent or stop	ngoing membership agreement. The agreement will continue until either you or the supplier t in the way described in the agreement. If an automatic debit arrangement is in place, ip fees will continue to be debited from your credit card or account until you or your fitness cels the arrangement by notifying your bank or credit provider. If you terminate the or stop the automatic debt arrangement in a manner not described in the agreement, then the liable to the fitness centre for damages for the breach of contract.									
This agreement is subject to a 48 hour cooling off period											
To terminate this membership with the 48 hour cooling-off period you must provide written notice to the centre. The 48 hour cooling off period ends 48 hours from the time of purchase.											
1. I understand that to cancel my Play Active Enrolment, I must complete a cancellation request form.											
2. A rejected payment at the fault of the membershi holder will result in a \$15.00 charge being applied to											
the member's account.			pplied to	5. If my child is			sick, I must provide a medical certificate to re- a missed class. Refunds do not apply.				
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Member/ Parent / Guardian Signature:							Date:		_	Staff Initial:	_