



Automatic Payment Form

Students Name(s): _____

Parent(s): _____

Email: _____

Ph: _____

I, (we), hereby authorize Pittwater Sports Centre, hereinafter called PSC, to initiate automatic charges to my, (our), Credit/Debit Card indicated below. I, (we), understand that the timing of deductions of funds will be as close to my, (our), statement due date as PSC is able to accommodate.

Circle Card Type: Visa or MasterCard

Card Holder Name: _____

Card Number: _____ - _____ - _____ - _____ Exp: ____ / ____

I, (we), authorise PSC to deduct the full term payment and term insurance as required. Please note PSC will automatically apply the term insurance unless otherwise notified. Receipts can be picked up from the office from the first week of term. This authority is to remain until PSC has received written notification (Withdrawal Form) from me, (us), of termination of program in such time and such manner as to afford PSC a reasonable opportunity to act on it. **Notification is due by week 5 of the term, prior to termination.**

By enrolling in a program with Pittwater Sports Centre, you agree to our policies

As legal guardian, I hereby consent to the person(s) participating in this facility program. I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, swimming, martial arts, gymnastics, Kayaking and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, and coaches involved in this facility program, from all liability and for any and all damages and injuries suffered during instruction, supervision, and/or control during any and all classes.

Card Holders Signature: _____

Date: ____ / ____