



# CARINE CALISTHENICS CLUB

## REGISTRATION AND MEDICAL FORM 2022

(Participants under the age of 18)

SECTION \_\_\_\_\_ NEW MEMBER YES NO  
SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SUBURB \_\_\_\_\_ P/CODE \_\_\_\_\_  
DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_ AGE IN 2022 \_\_\_\_\_ EMAIL \_\_\_\_\_  
*dd/mm/yyyy* *Email that is checked regularly*

Elect the parent / guardian who will be the member of Carine Calisthenics Club. The parent / guardian elected will be entitled to vote at our annual General Meeting or Special General Meetings and may be eligible to be nominated for a Committee position.

PARENT/GUARDIAN NAME & MOBILE (Primary) \_\_\_\_\_ (Mobile No) \_\_\_\_\_  
(Secondary) \_\_\_\_\_ (Mobile No) \_\_\_\_\_

EMERGENCY CONTACT: (in the event that the parents / guardians are unavailable)

NAME \_\_\_\_\_ MOBILE \_\_\_\_\_

MEDICAL INFORMATION: (Please note any allergies, medical or physical conditions that we should be aware of. These details will be kept private and confidential as we require full disclosure.)

Was your child registered with another Club last year?  YES  NO Club? \_\_\_\_\_  
What year did your child commence with Carine? \_\_\_\_\_ Years completed \_\_\_\_\_  
Where did you hear about Carine Calisthenics? \_\_\_\_\_  
What school does your child attend? \_\_\_\_\_

I am willing to take part in Club activities and have received a copy of the Club's current Fee Payment Policy and agree to pay my account in accordance with the timetable.

I understand that I may be responsible for sewing / decorating my child's costumes and required to provide at least 4 hours helping at various Club functions and promotional events.

Where it is not practical to communicate with me, I authorise for my child to receive any medical treatment necessary if injury or illness occurs. I agree to pay any expenses incurred for medical treatment and transport.

Consent to Publish – I give consent to Carine Calisthenics Club to use my / my child's name, image, likeness and also my performances, at any time, to promote the sport of calisthenics by any form of media including print, radio, television or web.

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
*Sign with electronic signature or print, sign & return to liaison*

← Only 'Save, print & submit' once the following pages are completed

### PRIVACY STATEMENT

Personal information collected by Carine Branch of the Calisthenics Association of WA Inc (Carine Calisthenics Club) is for the primary purpose of membership requirements and / or competition purposes. It will not be released for any form of commercial gain and will be maintained in a secure environment as per the requirements of the Privacy Act. The Club's full Privacy Policy is available from the Secretary. Completion and lodgment of this Registration Form indicates acceptance of the Club's policy.

# Calisthenics Association of WA (Inc.) 2022 AFFILIATION FORM (Competing U18yrs)

Tinies  Sub Juniors  Juniors  Intermediates  Seniors   
(Please tick relevant section)

TERM 1 & 2 Start: \$65.00  TERM 4 start \$15.00

**Financial Membership period 1 January 2022 to 31 December to 2022**

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

GENDER: FEMALE  MALE

DATE OF BIRTH: / / YEAR COMMENCED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

CLUB ATTENDING: Carine Calisthenics Club

**EMERGENCY CONTACT:** \_\_\_\_\_ **PH NO:** \_\_\_\_\_

For participants under the age of 18, elect a parent/guardian who will be the member of the Association in compliance with our Constitution. The parent/guardian elected will be entitled to vote at our Annual General Meeting or Special General Meetings and may be eligible to be nominated for a position on Board of Management.

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CONTACT PH: \_\_\_\_\_

### **Parent/Guardian Consent**

By payment of the Association affiliation fee, parents/guardians consent to the following:

- Information provided on this form may be used by the Calisthenics Association of WA ("the Association") for the administration of the sport of calisthenics and in accordance with the objects of the Association. This information will be held in an Association database at the Association office and may be forwarded to the Australian Calisthenics Federation ("ACF") for use in the administration of the sport of calisthenics on a national level and in accordance with the objects of the ACF. Members can access their personal information through the Association upon request.
- The member's name and photograph (but not address) may be recorded and/or published in any form of CAWA and ACF media including video, live streaming, website, social media, newsletters, reports and programs (whether printed or electronic) for the purpose of calisthenics.
- Photos during competition presentations may be taken and published by the audience.
- Video may be recorded of the member whilst training and during Association (or club) performances. Such videos may be used for:
  - family keepsakes by family members or other members.
  - by or for coaching staff to be used for coaching purposes.
  - by or for adjudicators for adjudication purposes.
- Information about calisthenics may be sent to the member from time to time by mail or email.

**Authorisation may be retracted at any time; such retraction to be submitted in writing and forwarded to CAWA Administration, via email at [info@calisthenicswa.com.au](mailto:info@calisthenicswa.com.au) or PO Box 1464, Midland DC WA 6936.**

I have read and understand the Member consent.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Parent / Guardian)

# Calisthenics Association of WA (Inc.) 2022 AFFILIATION FORM (Competing U18yrs)

Dear Parent

CAWA relies totally on the support of parents to operate.

Helpers are needed for the competition season and to work within the theatre during calisthenics events.

Please tick the area in which you can help. CAWA will be in contact with you via your club.

Theatre Management – lighting, sound, stage manager, backstage assistant

Competitions – timing, marshalling, doors and front desk

Kiosk - sales, food preparation

Development and Promotion – of calisthenics to the community

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Thank you for your support and your valuable time that you have indicated you will give.

Board of Management  
Calisthenics Association of WA (Inc.)