



CARINE CALISTHENICS CLUB

REGISTRATION AND MEDICAL FORM 2022

(Masters)

SECTION Masters NEW MEMBER YES NO

SURNAME _____ FIRST NAME _____

DATE OF BIRTH / / AGE IN 2022 _____
dd/mm/yyyy

ADDRESS _____ SUBURB _____ P/CODE _____

MOBILE PHONE NO _____ EMAIL _____
Email that is checked regularly

EMERGENCY CONTACT

NAME _____ MOBILE NO _____

NAME _____ MOBILE NO _____

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.*

FEES: CAWA Affiliation \$35 plus \$20 Club Membership. \$15 per class.

I am willing to take part in Club activities and am aware of the Club's fee structure for Masters and agree to pay accordingly.

If the above emergency contacts are not available and when it is not practical to communicate with me, I give permission 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 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.

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 Category 2 - (Non-Competing Adult)

Seniors Masters
(Please tick relevant category)

TERM 1 & 2 Start: \$35.00 TERM 3 start \$20.00 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: _____

E-MAIL: _____

CONTACT PH: _____

CLUB ATTENDING: Carine Calisthenics Club

EMERGENCY CONTACT: _____ PH NO: _____

Member Consent

By payment of the Association affiliation fee, members 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 or PO Box 1464, Midland DC WA 6936.

I have read and understand the Member consent.

SIGNATURE: _____ DATE: _____
(Member)



Calisthenics Association of WA (Inc.) 2022 AFFILIATION FORM Category 2 - (Non-Competing Adult)

Dear Member

CAWA relies totally on the support of members and 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.)