

**Calisthenics Association of WA (Inc.)  
2012 AFFILIATION FORM**

**CATEGORY 2: NON COMPETING**

**Tinies**  **Sub Juniors**  **Juniors**  **Intermediates**  **Seniors**  **Master**

TERM 1 & 2 Start: **\$35.00**  TERM 3 start **\$20.00**  TERM 4 start **\$15.00**

*(Please tick relevant section & category)*

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

**GENDER:**            MALE             FEMALE

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

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

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

**E-MAIL:** \_\_\_\_\_ **CONTACT PHONE No.:** \_\_\_\_\_

**CLUB ATTENDING:** \_\_\_\_\_

**Privacy Collection Statement**

I authorise the information provided on this form to be used by 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 I understand that I can access my personal information through the Association upon request.

I authorise the Association to forward the information contained on this form 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.

I acknowledge and consent to video footage being taken of me during my performance. I acknowledge and agree that the Association and ACF may use the video footage for adjudication or training purposes without my further consent being obtained.

I authorise the publication of my competition results.

I also agree to the Association and the ACF sending me information pertaining to programs and promotions conducted by them from time to time.

**By signing below I acknowledge the above and agree to these affiliation terms. If the information is not provided I may not be permitted to participate in calisthenics competitions conducted by the Association, nor be covered by the insurance protection.**

**MEMBER/PARENTS NAME:** \_\_\_\_\_

**MEMBER/PARENTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Parent or guardian to sign for members under 18*

**Consent to Publishing**

I consent to the Association and ACF using my /my child's name, image, likeness and also my performances, at any time, to promote the sport of calisthenics, the Association or the ACF by any form of media including print, radio, television or web.

**MEMBER/PARENTS NAME:** \_\_\_\_\_

**MEMBER/PARENTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# Calisthenics Association of WA (Inc.) 2012 AFFILIATION FORM

Dear Parent

Thank you for enrolling your child in calisthenics, we hope that their time with us provides many opportunities for them to develop and grow and make new friends.

An association such as ours relies totally on our volunteers and their wonderful support to operate. We are currently in need of help to provide the facilities and opportunities for your children to enjoy.

We are asking you to please consider giving a few hours of your time throughout the year to help us provide the service that our calisthenics family has come to expect over the past 40 years.

Volunteers are needed to fill positions on various committees, including the running of our theatre, also built by our volunteers. It is the only purpose built calisthenics venue in Australia and we are justly proud of this achievement.

Training is provided for all positions and the time you can give is up to you. Volunteers are needed throughout our competition season and to man the theatre when in use by calisthenics or external hirers.

Please tick the area where you would like to volunteer, also include any special skills you have and then fill in your contact details. We will contact you soon.

**Theatre Management** – (lighting, sound, stage manager, stage assistant)

**Competitions** – (timing, marshalling, programs, admin)

**Event Organising**– (event organising, programs, awards, presentations, admin)

**Rules & Regs** – (meetings, admin)

**Kiosk** - (sales, food preparation, coffee machine, stock)

**Development & 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.

**Calisthenics Association of WA (Inc)**  
**Board of Management**