



# Calisthenics Association of WA (Inc.)

## 2012 AFFILIATION FORM

### COMPETING

Sub Juniors  Juniors  Intermediates  Seniors  Master

CATEGORY 1: \$60.00  MASTERS: \$35.00

(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: \_\_\_\_\_

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 50 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 & Regulations** – meetings, admin

**Kiosk** - sales, food preparation

**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**

# CAWA Affiliation Fees for 2012

## Affiliation Categories

Category 1	Competing
Category 2	Non-Competing
Category 3	Masters

## Affiliation Fees (Non Refundable) GST Inclusive

Category 1	\$60.00
Category 2	\$35.00
Category 3	\$30.00

## Term Scale of Affiliation Fees

Term 1 & 2	All categories	100%
Term 3	Competing	100%
	Non-Competing Year	\$13.75
Term 4	All new members	\$10.00

## Method of Payment

Clubs must have their affiliations paid in full by the **31<sup>st</sup> Marchin each year**. It is up to each individual club how they wish to handle this payment from the parent to the club. Members who join a club after the 31<sup>st</sup> March must have affiliations paid within one month to the Association, this will ensure insurance cover for the member should an accident occur. Payments to the CAWA are due by the 1<sup>st</sup> of the month.

Members wishing to enter the Graceful Competition must pay FULL affiliation by 31<sup>st</sup> March to be accepted for entry.

## Category 1- Competing

Members who wish to enter any competition, Graceful, Club Competition or Solo/ Duo's must pay the Full Affiliation.

Should a non-competing member wish to enter the Solo/Duo competitions they will need to become a Competing member and pay the balance of their affiliation, to bring it in line with a competing member fee.

## Category 2- Non-Competing

For members who belong to Recreation classes, and DO NOT COMPETE at any level. These members are asked to perform at the Future Stars concert. This affiliates the member for an entire year.

## Category 3- Masters

## Insurance Protection

Insurance cover is provided to members based on the same declaration on the Affiliation form. Competitors **MUST** be affiliated within 4 weeks of joining to be covered by insurance.