

SIGNATURE:

(Parent / Guardian)

Calisthenics Association of WA (Inc.) 2024 AFFILIATION FORM (Competing U18yrs)

Tinies □	Sub Juniors ☐ Juniors ☐ Intermediates ☐ Seniors ☐ (Please tick relevant section)
TE	ERM 1 & 2 Start: \$75.00 □ TERM 4 start \$20.00 □
Financial Membership period 1 January 2024 to 31 December to 2024	
FIRST NAME:	SURNAME:
GENDER:	Female ☐ Male ☐ Non-binary ☐ Differently Identify ☐
DATE OF BIRTH	: YEAR COMMENCED:
ADDRESS:	
SUBURB:	POSTCODE:
CLUB ATTENDI	NG:
EMERGENCY C	ONTACT: PH NO:
in compliance with o	er the age of 18, elect a parent/guardian who will be the member of the Association our Constitution. The parent/guardian elected will be entitled to vote at our Annual Special General Meetings and may be eligible to be nominated for a position on ent.
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. e retracted at any time; such retraction to be submitted in writing and forwarded to
CAWA Administratio	n, via email at info@calisthenicswa.com.au or PO Box 1464, Midland DC WA 6936.
I have read and understand the Member consent.	



Calisthenics Association of WA (Inc.) 2024 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.)

Revised 20/12/23