



Participant / Recreational Membership Form 2019

If under 18: Parent/Guardian must complete this form

Personal Details

First Name _____ Surname _____

Date of Birth _____ Contact No _____

Gender Female Male

Address _____

Suburb _____ Postcode _____

Email _____

Are you of Australian Aboriginal or Torres Strait Islander heritage?

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander No

Parent/Guardian Details (if under 18)

Name _____ Contact Number _____

Email _____

Club Details

Arafura Calisthenics Club Dream Calisthenics Dance Club Resplendent Calisthenics College

Top End Calisthenics Club – Jingili Top End Calisthenics Club - Palmerston

Commencement Date with Club: _____ Membership Number: _____

Highest calisthenic skills attained _____
(eg Test 2, Grade 1)

Previous Club: _____
(If applicable, Transfer Form must be completed and attached)

Age group (age on 31st December in year registering):

Tinies (3-7yrs) Sub-Juniors (8-10yrs) Juniors (11-13yrs) Intermediates (14-18yrs) Seniors (18-25yrs) Masters (+26yrs)

Fee

\$ 80.00 – Participant membership (Commencing term 1, 2 or 3 in Sub-Juniors or higher age group)

\$ 60.00 – Recreational membership (Commencing term 1, 2 or 3 in non-competitive team)

\$ 45.00 – Recreational membership (Commencing term 4, all age groups)

Declaration

I authorise the information provided on this form to be used by Northern Territory Calisthenics Association (NTCA) for the administration of the sport of calisthenics and in accordance with the objects of the NTCA and be recorded in the Australian Calisthenics Federation (ACF) database, stored outside of the jurisdiction of the Northern Territory.

I acknowledge and consent to photographs, video and audio recordings being taken of me during my participation and association with the NTCA. I acknowledge and agree that the NTCA and ACF may use my name, images, recordings, likeness and my performances, for adjudication, training, publications, communications and promotional purposes without further consent being obtained.

I authorise the publication of my competition results.

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

I understand that I can access my personal information through the NTCA upon request.

I confirm that the above information is correct and agree with the declaration.

Signature: _____

Date: _____

Lodge this application with your Club. Payment of the fee must accompany this application.

Survey

How did you hear about Calisthenics?

Family, friends

TV ad – 7, 7mate, 7two

TV ad – 9, 9Now, 9Go

Social media (facebook, Instagram)

Other: _____

Calisthenics – the artistic sport uniquely Australian

The Northern Territory Calisthenics Association is affiliated with the Australian Calisthenic Federation

Postal: PO Box 43364 Casuarina NT 0811

Email: secretary@ntcalisthenics.org.au

Website: www.ntcalisthenics.org.au

ABN: 78 966 44 895

Office Use Only

Date fees paid:

Receipt Number

Date ACF database updated

Form and documentation filed

Actioning Officer

Date