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Life Member – Barbara VanHeythuysen
Denice Ryan
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PARTICIPANTS REGISTRATION FORM 2019

Club: JINGILI PALMERSTON

FEE \$75.00

Participants Name: _____ Gender: Female Male
Residential Address: _____ Date of Birth: ___/___/___
Postal Address: _____ Postcode: _____
Best Contact Number: Home: _____ Mobile: _____
Parent/Guardian Name/s: _____
Email: _____

Please note all our correspondence is by email – if no email, handouts/information will be given at class.

Section: (Please tick) Tinies (3-5yo, Born 2014-2016) Future Stars (6-7yo, Born 2012-2013)
 Sub-Juniors (8-10yo, Born 2009-2011) Juniors (11-13yo, Born 2006-2008)
 Intermediates (14-16yo, Born 2003-2005) Seniors (17&over, Born 2002 & over)

If under 18 Parent/legal guardian must complete this form

Are you of Aboriginal or Torres Strait Islander heritage?: No Yes, Aboriginal
 Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Have you completed the "Medical Information Sheet" (attach to this form) Yes No

**Please note for insurance purposes both forms (Club Registration/Privacy Statement and Medical Information Sheet) are to be forwarded to your Class Coordinator prior to your child being able to participate and payment must be made immediately.*

Has the above named Participant been at another Calisthenics Club in the last five years? Yes No
If YES, with which Club? _____

**A Transfer form must be completed by the exiting Club.*

I am aware that "Top End Calisthenics Club" has a Constitution, which I can access at any time and that I must abide by the Constitution, protocols, policies, rules and regulations of the Club in order for my membership at Top End Calisthenics Club to be honoured. Any failure to do so, may result in the cancellation of my registration and membership. I am familiar with the policies, rules and regulations contained within the present Constitution.

Name Parent/Guardian: _____ Signature: _____

Date: ___/___/___

Top End Calisthenics Club – PRIVACY STATEMENT

1. I authorise the information provided on this Registration form to be used by Top End Calisthenics Club ("the club") for the administration of the sport of calisthenics and in accordance with the objects of the club. This information will be held in confidence by the club and I understand that I can access my personal information through the Club upon request.
If the required information (Name and Date of Birth) is not provided I might not be permitted to participate in calisthenics conducted by the club or the NT Calisthenics Association.

2. I authorise the Club to forward the information contained on this registration form to:
- ✓ Northern Territory Calisthenics Association ("Association") Yes No
 - ✓ Australian Calisthenics Federation ("ACF") Yes No

For use by them in the administration of the sport of calisthenics at State and National levels and in accordance with the respective objects of the Association and the ACF.

3. I agree to:
- ✓ the Club Yes No
 - ✓ the Association Yes No
 - ✓ the ACF Yes No

Sending me information pertaining to programs and promotions conducted by them from time to time

4. I acknowledge and consent to photographs and video footage being taken of me during my performances. I acknowledge and agree that:

- ✓ the Club Yes No
- ✓ the Association) Yes No
- ✓ the ACF Yes No

May use the photographs or video footage for training and promotional purposes without my further consent being obtained.

5. I consent to:
- ✓ the Club Yes No
 - ✓ the NTCA Yes No
 - ✓ the ACF Yes No

Using my image, likeness and also my performances, at any time to promote

- The sport of calisthenics;
- The Club;
- The Association; or
- The ACF

By and in any form of media.

Nothing in this paragraph grants any rights of ownership to me in the choreography of a performance for

- ✓ The Club
- ✓ The NTCA
- ✓ The ACF

6. I authorise the publication of my competition results

Participants/Parent or Guardian Signature

Dated: ____/____/____

For Participants under 18 years of age:

I, _____ am the parent/guardian of the above named registered participant. I expressly agree to personally accept the conditions set out in this form both on behalf of the above named registered participant and also my own right.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Dated: ____/____/____

OFFICE USE ONLY

Details checked

Medical Information Sheet Collected

Social Form (if applicable)

Registration Fees Paid

Privacy Statement Completed

Tecci Registration Form Completed

NTCA Registration Form Completed

Transfer Form completed (if applicable)

Signature of Class Coordinator _____

Dated: ____/____/____

Invoice/Payment Receipt Raised Number: _____

*Medical Form to be retained by Class Coordinator

Participants Registration Forms – TECCI & NTCA to be forwarded to Club Treasurer only when paid.