

Calisthenics Association of WA (Inc.)

2024 AFFILIATION FORM

Category 2 - (Non-Competing Adult)

Seniors ☐ Masters ☐
(Please tick relevant category)

TERM 1 & 2 Start: \$45.00 ☐ TERM 3 start \$25.00 ☐ 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: _____

E-MAIL: _____

CONTACT PH: _____

CLUB ATTENDING: _____

EMERGENCY CONTACT: _____ PH NO: _____

Member Consent

By payment of the Association affiliation fee, members 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.

Authorisation may be retracted at any time; such retraction to be submitted in writing and forwarded to CAWA Administration, via email at info@calisthenicswa.com.au or PO Box 1464, Midland DC WA 6936.

☐ I have read and understand the Member consent.

SIGNATURE: _____ DATE: _____
(Member)

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Dear Member

CAWA relies totally on the support of members and 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.)