



## APPLICATION FOR MEMBERSHIP 2018

# PARTICIPANT

**FEE: \$80.00**

**Club Name** (Please tick):

- Arafura Calisthenics Club  Dream Calisthenics  Resplendent Calisthenics College  
 Top End Calisthenics Club – Jingili  Top End Calisthenics Club – Palmerston

**Age Group** (Please tick):

- Tinies  Missies  Future Stars  Sub-Juniors  Juniors  Intermediates  Seniors

*If under 18 Parent/legal guardian must complete this form*

### Participant Details:

Participants Name: \_\_\_\_\_ Gender:  Female  Male

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Phone Nos. Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Calisthenic Skills Attained: \_\_\_\_\_  
(ie: Test 1, Grade 2)

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

Commencement Date with Club: \_\_\_/\_\_\_/\_\_\_ Previous Club: \_\_\_\_\_  
(If applicable Transfer Form must be completed & attached)

Membership Number: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

I hereby apply for membership of the NTCA and agree to abide by the Constitution and all other rules of the Northern Territory Calisthenic Association Incorporated.

### Privacy Collection Statement

I authorise the information provided on this form to be used by the Northern Territory Calisthenic Association Inc (“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. If the information is not provided I might not be permitted to participate in calisthenics competitions conducted by the Association.

I authorise the Association to forward the information contained on this form to the Australian Calisthenic Federation (“ACF”) or governing bodies for use by it 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 photographs and video footage being taken of me during my performance. I acknowledge and agree that the Association and ACF may use the photographs or video footage for adjudication, training and promotional purposes without my further consent being obtained. Further, I consent to the Association and ACF using my 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.

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. An exit survey will be forwarded for Statistic information upon leaving NTCA or nominated club, please assist with completing and returning to address on Exit Survey Form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

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