



APPLICATION FOR 2018 TRANSFER OF MEMBERSHIP

NO FEE

NAME: (First Name/s).....
(Surname).....

POSTAL ADDRESS:

CONTACT PHONE NOS. Home: Work:
Mobile E-mail

DATE OF BIRTH:/...../..... **AGE:**

PARENT/GUARDIAN (Name).....

CURRENT MEMBERSHIP: CLUB..... TEAM:.....

APPLICATION FOR TRANSFER TO: CLUB..... TEAM.....

This is to certify that the applicant has no outstanding fees or charges due. Club Transfer Form is required for participants who have been registered with the NTCA during a five (5) year period. Transfer must be completed no later than 14 days from participant request, or notify in writing to NTCA Committee of Management of any outstanding issue.

RELEASE: TO BE COMPLETED BY CURRENT AFFILIATED CLUB, AUTHORISED COMMITTEE OF MANAGEMENT AND RETURN TO registrar.ntca@gmail.com

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.

Signature..... **Date**.....

Name **Position**