



# NORTHERN TERRITORY CALISTHENIC ASSOCIATION CADET/CLASS ASSISTANT MEMBERSHIP FORM 2017

*Please print clearly and fill in all sections*

Mrs/Miss/Ms/Mr/Dr Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Name of Club Assisting: \_\_\_\_\_ Name of Club Competing (if applicable) \_\_\_\_\_

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

Section/Sections of the class that you are Cadet or Assisting:

TINIERS      SUB-JUNIORS      JUNIORS      INTERMEDIATES      SENIORS      MASTERS

**Cadet or Class Assistant non-participating**      \$ 55.00     

(This is to be completed if you are not a participant or coach, already registered with NTCA)

**Mandatory to attach:**

- a) **Current background check (Ochre Card) - if 16 years and over,**  
[http://www.workingwithchildren.nt.gov.au/maintaining\\_renewing.html](http://www.workingwithchildren.nt.gov.au/maintaining_renewing.html)
- b) **Play by the Rules Certificate (PBTR – Child Protection and PBTR – Harassment and Discrimination)** <http://www.playbytherules.net.au/interactive-scenarios/free-online-training/child-protection-harassment-and-discrimination-course>

(Payment to be sent to NTCA Treasure - You can transfer your payment direct to our bank account)

Account name: NTCA    BSB: 035 311    ACC: 140019    Reference: YOUR surname & first initial & Coachreg (eg SmithACoachReg)

You are highly encouraged to keep a copy of your receipt after your transfer and if possible include a copy with this form.

I authorise the information provided on this form to be used by Northern Territory Calisthenics 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 events conducted by the Association.

I acknowledge and consent to photographs and video footage being taken of me during my participation and association with the Northern Territory Calisthenics Association. I acknowledge and agree that the NTCA 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 Northern Territory Calisthenics Association and ACF using my name, image, likeness and also my performances where applicable, at any time, to promote the sport of calisthenics, the Northern Territory Calisthenics Association or the ACF by any form of media.

I agree to Northern Territory Calisthenics Association and/or ACF sending me information pertaining to programs and promotions conducted by them from time to time.

I authorise the publication of my competition results.

**Acceptance of the application shall be subject to a vote of the NTCA committee of management and the next scheduled meeting after the Directors of Coaching receives the application. The committee may accept or reject the application at its absolute discretion.**

I, the undersigned, hereby confirm that the above information is correct and agree with the terms above.

Cadet Signature: \_\_\_\_\_ Date : \_\_\_\_\_

*Please return completed form to [registrar.ntca@gmail.com](mailto:registrar.ntca@gmail.com) with copy of payment.*