

Academy Calisthenics is a Not for Profit sporting group incorporated within the ACT.

Ages range from 3 years, and classes run at various times during the week depending on the age group.

The club is run by a small group of volunteers but we are always looking for more help as there are many tasks to be done. All classes have at least one accredited/registered level one coach who holds a current first aid certificate.

2011 Yearly Fee Structure

Non refundable Registration Fee

Annually, all participants are required to pay \$65 per participant or \$75 for two or more participants non-refundable Registration Fee before commencing with a class.

Non-competitive, compulsory, non-refundable registration fee of \$40.00 is applicable when this type of class is offered.

Academy fee per participant

2011, the previous competitive class/costumes fees have been replaced with an overall fee for the 2011 calisthenic year to be paid in 3 installments for all age groups. Payments are due prior to and by;

1 March, 2011 1 May, 2011 1 July, 2011
Tinies; \$170.00 each installment.

Sub Juniors \$200.00 each installment

Juniors \$210.00 each installment

Intermediates \$215.00 each installment

*Teenies Non-Competitive Classes are \$6.00per class, with \$5.00 fee per costume, each performance.

All payments are payable via cash, cheque made out to Academy Calisthenics, or via internet transfer to Commonwealth Bank, Gungahlin,

BSB 062913 Account No 10220941.

When paying by direct deposit, please print the transaction statement and give to your section manager, once payment has been made. All monies received by and for Academy are receipted. Please retain all receipts.

Academy Administration to complete	
AGE SECTION	A.C.F. REGO. NO
.....
Secretary.....	Treas.....

Please complete below/over and Privacy Statement both sides

Registration Form

Participant Surname;

First Name

Address

P. Code

DOB: / /

Home Phone Mobile No:

Email

Mothers Name;

Home Phone Mobile:

Email

Fathers Name

Home Phone Mobile:.....

Email

• * * *

IN CASE OF AN EMERGENCY CONTACT TO BE MADE WITH

Name;

[Relationship to Participant]

Phone OR

Medical Conditions of a participant which should be noted/brought to the attention of Team Coach/Team Manager

.....
.....

After processing this sheet will remain with Section Team Manager

Privacy Statement 2011

5. I consent to;
Academy Calisthenics Inc Yes /No
Calisthenics ACT Inc Yes /No
Australian Calisthenic Federation Yes /No
using my image, likeness and also my performances, at any time to promote the sport of calisthenics, Academy, Calisthenics ACT Inc or the Australian Calisthenic Federation 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;

Academy Calisthenics Inc.
Calisthenics ACT Inc.
Australian Calisthenic Federation

6. I authorise the publication of my competition results.

.....
[Participants Name]

* **For participants under 18 years of age**

Iam the parent or guardian of the registered participant. I expressly agree to personally accept the conditions set out in this form both on behalf of the registered participant and also my own right

.....
Parent/Guardian Signature

..... **Date**

OR Participants over 18 year of age

.....
Participants Signature

.....**Date**

PLEASE NOTE:

A copy of this Privacy Statement is available on the Academy Web Site;
www.mycala.com/academy

[Section 2 of 2]

This document will be held/stored confidentially by Academy Secretary

Privacy Statement 2011

1. I authorise the information provided on this registration form to be used by ACADEMY Calisthenic 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 minimum information, (Name and Date of Birth), is not provided I might not be permitted to participate in calisthenics conducted by Academy, Calisthenics ACT Incorporated [CACTI; State Body] or Australia Calisthenic Federation, [A.C.F. ; National Body]

2. I authorise Academy to forward the information contained on this registration form to:
Calisthenics ACT Inc Yes/No
Australian Calisthenic Federation 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 State Association and the ACF.

3. I agree to;
Academy Calisthenics Inc. Yes/No
Calisthenics ACT Inc Yes/No
Australian Calisthenic Federation 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 performance. I acknowledge and agree that;
Academy Calisthenics Inc. Yes /No
Calisthenics ACT Inc Yes /No
Australian Calisthenic Federation Yes /No

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

[Section 1 of 2]
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Academy Calisthenics Incorporated
 P.O BOX 650. MITCHELL. A.C.T.
 www.mycala.com/academy.
 Banking details BSB 062913 Acc. No 10220941

2011

Please indicate by ticking the box if you will allow your contact phone numbers to be added to a contact list and circulated to other members of your team.

Yes No

Parental involvement is a crucial part of the successful operation of Academy. Many parents/carers have skills that could help, if you are able to help in certain areas could you please let us know your talents.....help, once, twice or more regularly would be extremely valuable and appreciated. I could help in the following areas:-

[circle those which are applicable. PLEASE]
 fund-raising constructing props Photocopying
 committee member music
 sewing bees organizing an event painting
 or not mentioned talents

NAME _____

Rod and Club Sizes

Rod Length: _____ Rod No: _____

Club Length: _____ Club No: _____

I _____ agree to pay for any Rod or Club breakages and/or losses that my child may incur.

_____/_____/_____
 PARENT SIGNATURE DATE

After processing this sheet will remain with Section Team Manager



**REGISTRATIONS CAN BE MADE AT
 CLASSES WITH TEAM MANAGERS**

BOOKINGS/INFORMATION CALL
SAMANTHA 62589949 or
MICHELE 62882858

CLASS TIMES/AGE GROUPS /LOCATIONS

TINIERS: MON 4.30 pm to 6.15pm HACKETT
 Teenies 4.15 to 4.45pm Hackett
SUBBIES: WED 4.15pm to 6.45pm PALMERSTON
JNRS: WED 4.30pm to 7.30pm AMAROO
INTERS: TUES 5.00pm to 8.00pm HACKETT
 All classes commencing the week of 7 February, 2011.

TINIERS. 6 years and under **SUB JUNIORS** 7/8/9 years
Teenies 3+ years [must be out of nappies]
JUNIORS 10/11/12years **INTERS** 13/14/15/16years

Ages as at 31 December, 2011.

Amaroo School, Drama Room, Katherine Avenue
 Palmerston Community Hall, Tiptree Cres
 Hackett Folk Dance hall, Maitland Street