



Sunbury School of Calisthenics Inc.

(Reg no. A0017100W)

ENROLMENT FORM 2010

Pupil's Details:

First Name:Surname:

Home Address:

.....Postcode:

Home Phone No.Mobile:

Date of Birth:

Family Details:

Mother's first name:.....Surname:.....

Home Address:

.....Postcode:.....

Home Phone No.Mobile:.....

Father's first name:.....Surname:.....

Home Address:

.....Postcode:

Home Phone No.Mobile:

Contact person for payment of fees:

Contact No.....

Do you wish to receive newsletters and notices from the club via e-mail: YES/NO

E-Mail address:.....

Please indicate if you are happy for us to release your address and contact details to other parents within your child's section: YES/NO

Custody Arrangements: please complete if applicable

If you are a sole parent is access available to the other parent? YES/NO

Are there any court orders? YES/NO

If yes, please contact the president of the club to discuss. All discussions will be treated confidentially



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Medical Form 2010

Pupil's Medical Details

Pupil's Full Name:

Emergency Contact: Phone:.....

Doctor's Name: Phone:

Address:

.....Postcode:.....

Does the pupil suffer from any of the following medical conditions: Please circle

Asthma, Diabetes, Epilepsy, Allergies, including all food allergies, other

Please advise treatment/medication to be given.

.....
.....

Medicare No.Ambulance Subscriber: YES/NO

Do you give permission for the club to ring an ambulance in an emergency: YES/NO

Private Health Fund:Membership No.....

Please inform your coach at the beginning of each class of any existing injury or ailment.

Accident Declaration

I hereby authorise the coach in charge to consent, where it is impracticable to communicate with me to the child receiving such medical treatment as may be deemed necessary.

If over 18: I hereby authorise the coach in charge to consent to myself receiving such medical treatment as may be deemed necessary. I will take full responsibility for the cost incurred.

Signature of pupil or if under 18 years of age parent/guardian:

Print Full Name of Parent or Guardian.....Date.....



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Pupil's Full Name:.....

Photo Permission

As part of the club's process, photographs may be required and displayed publicly on our web site and in our newsletters. No pupil will be identified by name.

I give permission for photographs to be taken of myself/my child. YES/NO

Signature of pupil or if under 18 years of age parent/guardian:

Print Full Name of Parent or Guardian.....Date.....

Declaration

I understand I/my child will be required to attend all competitions. I hereby agree that I/my child attends class at my/her risk and that the Committee, Coaches and Assistants will not be responsible for any injuries. Pupils are expected to adhere to the terms of the lease of the Halls and any damage through careless or irresponsible behaviour will be the responsibility of myself/the parents. I have read the information booklet and agree to myself/my child attending Sunbury School of Calisthenics Inc. Under the guidelines within said booklet.

Please read the attached Australian Calisthenics Federation(ACF)"Privacy Collection Statement".

Signature of pupil or if under 18 years of age parent/guardian:.....

Print Full Name of Parent or Guardian.....Date.....

Only complete this section if you are **new** to Sunbury School of Calisthenics:

Name of last Calisthenics Club attended and Year.....

What attracted you towards Calisthenics. (please tick appropriate box or boxes)

- Viewed a calisthenics poster, brochure, flyer
- Answered a newspaper advertisement
- Introduced by a calisthenics friend or relative
- Viewed calisthenics performance at a public venue
- Answered an advertisement from school newsletter
- Answered advertisement from 'letter drop'
- Other reason.....

The information you have provided will greatly assist our club with future recruitment initiatives.



Sunbury School of Calisthenics Inc.

(REG NO. A0017100W)

Code of Behaviour and Expectations for Sunbury School of Calisthenics Inc.

AIMS

- We will provide an environment where all students, their families and friends will be welcome.
- We will emphasise involvement and enjoyment whilst encouraging our students to do their own personal best.
- We will provide safe physical and social surroundings for all students.
- We will provide a tolerant and inclusive environment for all our students and their families.

STUDENT EXPECTATIONS:

- Observe a high standard of sportsmanship at all times especially during class, at competitions and when representing Sunbury School of Calisthenics.
- Abide graciously by judges' decisions.
- Strive to perform to the best of your ability at all times.
- Extend a spirit of friendship, courtesy, respect and kindness to members of all other clubs.
- Maintain the highest levels of personal integrity. Inappropriate and bad language or actions, poor sportsmanship, abuse, discrimination or any form of condemnation is unacceptable.
- Be proud to represent Sunbury School of Calisthenics and be proud of your own personal achievements and attributes.
- Show commitment to your club by consistent punctual attendance, diligence and cooperation. Always be dressed in appropriate attire at class and competitions. Mobile phones are to be turned off during class time.
- Be supportive, friendly, inclusive and encouraging towards all your team members.
- Be respectful, obedient, appreciative and loyal to your coach.
- Respect your body and promote your own personal health and well being. Smoking is considered detrimental to your health and we endorse Calisthenics Victoria's anti-smoking policy. Alcohol is prohibited at all classes and competitions. The use of any illicit drugs is absolutely unacceptable.

PARENTS AND SPECTATOR EXPECTATIONS:

- Observe a high standard of sportsmanship and conduct at all times.
- Accept all judges' decisions respectfully.
- Be courteous and friendly to all members of other clubs and fellow spectators.
- Show by example the true spirit of sportsmanship by being supportive of all competitors and other teams.
- Be appreciative of all performances and encouraging towards all competitors.
- Be proud of the team you represent and the achievements of all competitors.
- Support and encourage all students in their endeavour, focusing on commitment and effort rather than results.
- Support all coaches and those holding positions of responsibility within the club.

COACHING STAFF EXPECTATIONS:

- Be a positive role model to all students.
- Encourage a spirit of sportsmanship and good conduct at all times.
- Accept all judges’ decisions and abide by all official recommendations and instructions.
- Be well prepared for class and teach to the best of your ability.
- Show respect and be fair to all students.
- Observe the highest standards of personal integrity with respect to all Sunbury members, associates, affiliates of other clubs and officials.
- Take pride in the achievements of all students providing positive reinforcement and encouragement. Do not focus on results as a measure of success.
- Be proud to represent Sunbury School of Calisthenics and represent by example the ethos of this club.
- Use your position of responsibility wisely and in the true spirit of this sport.
- Encourage among your students an appreciation for all other competitors and acceptance of each individual’s personal attributes.

We at Sunbury School of Calisthenics are very proud of our history, our standing in the community and our inclusiveness of all students. We will at all times, endeavour to uphold our high standard of behaviour and achievement and continue to represent our school proudly.

.....tear off here.....

We the undersigned, have read, fully understand and will abide by the above code of behaviour.

Print Student’s Name:

Student’s Signature:

Print Parent’s Name:

Parent’s Signature:

Date:.....



Sunbury School of Calisthenics

Method of Payment

Please find details of three ways you can pay your fees to the “Sunbury School of Calisthenics Inc”.

1. CASH

Please ensure correct amount of money is given to the desk person, as no change will be available at classes.

A Receipt will be issued by the desk person directly.

2. CHEQUE

Cheques must be made payable to
“Sunbury School of Calisthenics Inc’

Cheques will be returned to the drawer if the payee is not as above.

A receipt will be issued by the desk person directly.

3. DIRECT DEPOSIT

Money can be directly deposited into the school’s bank account:

Account Name:	Sunbury School of Calisthenics Inc
Bank:	Bendigo Bank
BSB Number:	633 108
Account Number:	1382 07352
Reference:	Student’s first name and surname

Please ensure the correct reference is completed.

The student’s account will be updated and a receipt will be issued by the treasurer, within the first week of the month funds are deposited.

Please keep the bank stamped deposit butt as proof of deposit.

If you do your banking on-line please print out your receipt.

If you have any questions regarding the payment methods please contact the Treasurer:

NAME: Kathryn Burton

HOME: 9744 5330



Sunbury School of Calisthenics Inc.
(Reg No. A0017100W)

Application for Membership

In 1984 Sunbury School Calisthenics was founded by Mrs Joan Hewett and Mrs Helen Missen. Under their guidance the school provided an enjoyable and successful sporting activity for girls and ladies from Sunbury and surrounding districts.

In 1988 a committee of interested parents and friends was formed, who took responsibility for all aspects of the running of the school. In October 1988, Sunbury School of Calisthenics became an incorporated association.

Membership of the association is open to all parents, students (over 16 years of age) and interested parties upon payment of \$1-00 annual subscription fee. This entitles eligibility to both stand for and vote for positions on the executive and general committee, and allows an active part in the running of the School.

Positions up for Nomination

- | | |
|--------------------------|--------------------------|
| 1. President | 2. Vice President |
| 3. Secretary | 4. Asst. Secretary |
| 5. Treasurer | 6. Asst. Treasurer |
| 7. Marketing Coordinator | 8. Five Ordinary Members |
| 9. Coaches Rep | |

Please return the bottom section of this form with payment to your desk lady.

SUNBURY SCHOOL OF CALISTHENICS INC.
(REG NO. A0017100W)
APPLICATION FOR MEMBERSHIP

Print Name: _____

Address: _____

Contact number: _____

Date: _____

Cash Receipt No: _____

Sunbury School of Calisthenics

COMMITTEE NOMINATION

NAME _____

COMMITTEE POSITION _____

NOMINATED BY _____

SECONDED BY _____

DATE RECEIVED _____

AUSTRALIAN CALISTHENICS FEDERATION (INC.)

Privacy Statement

(To be added *or appended* to all Club Registration forms)

- 1, I authorise the information provided on this registration form to be used by Sunbury School of Calisthenics 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 the Club or the State Association.

2, I authorise the Club to forward the information contained on this registration form to:

- **Calisthenics Victoria Inc (“State association”)** YES/NO
- **Australian Calisthenics Federation (“ACF”)** 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;

- **the Club** YES/NO
- **Calisthenics Victoria Inc** YES/NO
- **Australian Calisthenics 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;

- **The Club** YES/NO
- **Calisthenics Victoria Inc** YES/NO
- **The Australian Calisthenics Federation** YES/NO

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

- 5, I consent to;
- **The Club** YES/NO
 - **Calisthenics Victoria Inc** YES/NO
 - **Australian Calisthenics Federation** YES/NO

using my image, likeness and also my performances, at any time to promote

- **The sport of calisthenics**
- **The Club**
- **Calisthenics Victoria Inc or**
- **The Australian Calisthenics 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:

- **The Club**
- **Calisthenics Victoria Inc**
- **Australian Calisthenics Federation**

6. I authorise the publication of my competition results.

.....
(Participant's Signature)

.....
(Date)

For participants under 18 years of age

I.....am 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.....

Parent/Guardian Name.....