



# Tinies, Sub-Juniors & Juniors REGISTRATION

**Childs Details:**

First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
CAQI number (if known)	Pupil skill level attained	Year attained
<input type="text"/>	<input type="text"/>	<input type="text"/>
Calisthenics club/s previously affiliated with		
<input type="text"/>		

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<input type="text"/>	<input type="text"/>	<input type="text"/>
Calisthenics club/s previously affiliated with		
<input type="text"/>		

**Parent/Guardian Details:**

First name	Surname
<input type="text"/>	<input type="text"/>
Mobile number	Email address
<input type="text"/>	<input type="text"/>
Postal address	
<input type="text"/>	

**Parent/Guardian Details:**

First name	Surname
<input type="text"/>	<input type="text"/>
Mobile number	Email address
<input type="text"/>	<input type="text"/>
Postal address	
<input type="text"/>	

I authorise CAQI to refer my child’s name and contact details to anyone of authority who asks in relation to coaching or my membership.

I hereby give permission for my child’s photo or video footage from competitions to be used as promotional materials for the purpose of promoting Calisthenics in Queensland for both Suncoast Calisthenics Club Inc. and the CAQI

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

All competitive pupils must be registered prior to the closing date for entry of competitions.



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## Medical Information:

Doctors name

Doctors phone

Does the participant suffer from any of the following conditions listed. Please tick all that apply.

☐ Allergies

☐ Nose Bleeds

☐ Heart condition

☐ Phobias

☐ Asthma

☐ Respiratory conditions

☐ Diabetes

☐ Sleep disturbances

☐ Drug/medication allergy

☐ Travel sickness

☐ Epilepsy

☐ Other

☐ Anaphylaxis

### PLAN FOR EXISTING MEDICAL CONDITIONS:

Please give details of the action/care required for any medical conditions listed above. Information should be as detailed as possible and include information of the use of devices such as EpiPens, inhalers, insulin pumps. Along with information on medication or any other treatment details. Please advise if the child is able and authorised to self-administer and medication(s) and if Yes please also include which condition(s) this applies to. Where possible a formal care plan completed by a medical practitioner should be included.

### MEDICAL CONSENT:

I consent to medical treatment and ambulance transport being sought in an emergency either for my child/children or myself and agree to pay any cost incurred.

Signature:

Date:

### INJURY/ILLNESS DECLARATION:

I agree that it is my responsibility to ensure that my child/children is fit and healthy prior to attending practice or competition. I agree to provide prompt advice and information which may affect my child/childrens capacity to attend class and or perform a strenuous physical sport like calisthenics. (For example: poor health, fatigue, epilepsy, weakness in limbs, pain with some movements, coordination, concentration, confidence, back condition, any past back, bone or muscle injury.) Where necessary I will provide the coach with a medical certificate clearing my child/children to perform.

Signature:

Date:

### FIRST AID DECLARATION:

I agree to allow coaches to provide an instant ice pack for my child/children at any class as temporary pain relief if required. I also consent to non-prescription pain relief such as paracetamol or ibuprofen being administered to my child/children in consultation with the coach if required.

Signature:

Date:



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### PHOTOGRAPHY/VIDEO RELEASE

During the year many photographs & videos are taken of team members by parents, club officials & representatives at competitions, fundraising events or team practice. Due to privacy concerns we are asking parents to sign below to allow the continuation of this process.

Photographs & videos are often included in newsletters, club booklets, our website, facebook or instagram for advertising. Never will any full names appear with the photographs to protect individuals identities. If you do not wish your child to be photographed please let us know.

I give permission for parents and club officials to photograph/video my child/children/myself during club events and practices. I am aware that the photographs & video footage taken of me/my children may be used for promotional purposes, club websites & social media by the club.

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

### SOCIAL MEDIA PROTOCOL:

Suncoast Calisthenics Club Inc. Social Media Protocol can be viewed online at [www.suncoastcalisthenics.com.au](http://www.suncoastcalisthenics.com.au)

I have read, understood and discussed the social media guidelines with my child/children.

We understand and agree to abide by all Social Media Guidelines

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

### FEES & PAYMENTS

Information on fees & payments can be viewed online at [www.suncoastcalisthenics.com.au](http://www.suncoastcalisthenics.com.au)

I understand the fee structure as set by Suncoast Calisthenics Club Inc. I have read and understand conditions regarding fees and non-payment of fees.

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

### Payment Method

REGISTRATION FEE & FUNDRAISING LEVY - Due on or prior to Sign On day.

☐ Credit/debit card      ☐ Cash

TERM FEES - Due 1st week of each term

☐ Bank Transfer - Suncoast will issue an invoice for payment

☐ Credit/debit card

Name on card \_\_\_\_\_

Card Number

Expiry Date  /       CCV   
Last 3 digits on back of card

☐ PAYMENT IN FULL

I authorise Suncoast Calisthenics Club Inc. to process payment for the total term fees on the Friday of the first week of each term

☐ WEEKLY PAYMENTS  
Paid over 10 weeks

☐ FORTNIGHTLY PAYMENTS  
Paid over 5 weeks

I authorise Suncoast Calisthenics Club Inc. to process payments as selected above for the term fees. I understand that payments will be processed on Friday's and in the event a payment is not processed it will be reprocessed each day after until cleared.

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