



## Pupil Registration

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Calisthenics club previously affiliated with \_\_\_\_\_

School Attending \_\_\_\_\_ Year Level \_\_\_\_\_

Contact Phone No \_\_\_\_\_

Contact Email \_\_\_\_\_

Mothers Name \_\_\_\_\_ Phone \_\_\_\_\_

Fathers Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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

I hereby give permission for my child's/my 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.**

CAQI Number \_\_\_\_\_

Age Section for Calisthenics \_\_\_\_\_ Competition / Recreational

Pupil Skill level attained \_\_\_\_\_ Year \_\_\_\_\_

## **MEDICAL INFORMATION**

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

Please give details of the action/care required for any medical conditions. 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 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.

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### **Medical Consent:**

I consent to medical treatment and ambulance transport being sought in an emergency either for my child 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/myself is fit and healthy prior to attending practice or competitions. I agree to provide prompt advice and information which may affect my child/my 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/myself to perform.

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

### **First Aid Declaration:**

I agree to allow coaches to provide an instant ice pack for my child/myself 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/myself in consultation with the coach if required.

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

## CODES AND PROCEDURES

Participant Name: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Dated: \_\_\_\_\_

Group: Tinies / Subbies / Juniors / Inters / Seniors / Masters

**All codes and procedures are detailed within the  
Suncoast Calisthenics Club Inc. Members Handbook**

I / We have read, discussed and understood the Suncoast Calisthenics Club Inc.  
**Code Of Behaviour** and agree to it.

Participant Signature: \_\_\_\_\_ (18 years +)

Parent / Guardian Signature: \_\_\_\_\_ (under 18 years)

I / We have read, discussed and understood the Suncoast Calisthenics Club Inc.  
**Photography/Video Release** and agree to it.

Participant Signature: \_\_\_\_\_ (18 years +)

Parent / Guardian Signature: \_\_\_\_\_ (under 18 years)

I / We have read, discussed and understood the Suncoast Calisthenics Club Inc.  
**Social Media Protocol** and agree to it.

Participant Signature: \_\_\_\_\_ (18 years +)

Parent / Guardian Signature: \_\_\_\_\_ (under 18 years)

## **FEE STRUCTURE**

Every year all participants are required to pay an annual registration fee as well as term fees for Term 1, Term 2, Term 3 and Term 4.

**Registration Fee Includes:**

CAQI registration for club and competitors, competitors insurance, APRA music license.

**Term Fees Include:**

Training/hall expenses, coaching, hire of equipment, end of year break-up, concert/competition expenses.

**Costume/Prop/Hair Accessory Levy Includes:** Costumes & hair accessories for each performance item, make-up, stage props.

## **FEE STRUCTURE**

**Registration:** \$200 - All participants

Due in full with submission of registration form. Non-refundable.

**Term Fees:** x4 terms

Due in full by the 2nd week of each term unless a payment arrangement has been made.

Tinies: 3-7 years	\$150 per term
Sub-Juniors: 8-10 years	\$230 per term
Juniors: 11-13 years	\$250 per term
Masters: 26 years and over	\$230 per term

**Costume/Prop/Hair Accessory Levy:**

Due in full by 30th June

Tinies: 3-7 years	\$50
Sub-Juniors: 8-10 years	\$60
Juniors: 11-13 years	\$60
Masters: 26 years and over	\$50

**Family Discount** - 10% off each additional younger siblings Term Fees Only.

**Get Started Vouchers** - Eligible families can apply for a Get Started Voucher up to a maximum of \$150 to help pay the cost of sport or recreation membership and/or participation fees. There is a limit of x1 voucher per child per calendar year. To apply go to: <http://www.qld.gov.au/recreation/sports/funding/getinthegame/>

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_.  
Will abide by the the fee structure and conditions above. If I am having difficulties in paying the fees, I will contact the Treasurer to make alternative payment arrangements. I understand that non-payment of fees will result in the member not being able to participate in class or at competitions.

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

## PAYMENT DETAILS

Payments can be made into the club bank account:

**Suncoast Calisthenics Club**

**BSB: 06 4420**

**ACC: 1001 4674**

Please use your child surname as the reference or the invoice number if an invoice has been issued.

**Registration Fee:** \$200 - Due on sign up.

Paid by:

Cash: Amount \$ \_\_\_\_\_  Direct Deposit: Date \_\_\_\_\_

Get Started Voucher: Voucher Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit Card

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

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CCV: \_\_\_\_\_

I Authorise Suncoast Calisthenics to process a payment total of \$ \_\_\_\_\_ on the credit card details above.

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

### **Term Fees:**

When the pupil is registered an invoice will be emailed with the term fees payable. Please direct deposit all term fees into the club account above.

Term fees are due by Friday of the 2nd week of each term unless a payment arrangement has been made and signed by the treasurer.

### **Costume/Prop/Hair Accessory Levy:**

When the pupil is registered a separate invoice will be emailed with the yearly Costume/Prop/Hair Accessory levy payable. This payment is not due in full until the 30th of June and can be paid in instalments at your convenience.

Please direct deposit all payments into the club account above.

Please make sure you use the **INVOICE NUMBER** as your reference and not your surname to avoid confusion with deposits for term fees.

## PAYMENT PLAN AGREEMENT

I, \_\_\_\_\_, agree to make the following payments to Suncoast Calisthenics Club Inc. for the registered participant \_\_\_\_\_ Term Fees by the due dates below.

If I do not make the payments on time or discontinue making payments without prior written consent by Suncoast Calisthenics Club Inc. Committee this may result in my child/ myself not being able to participate in class training sessions and/or competitions as they would not be covered by insurance as a non-financial member.

Term Fee

Tinies    Sub-Juniors    Juniors    Inters    Seniors    Masters

Full Term Fee Amount \$ \_\_\_\_\_ x4 Terms.

**I agree to make payments by direct deposit:**

Weekly    Fortnightly

In the amount of \$ \_\_\_\_\_ First payment date \_\_\_\_\_

I agree to pay all Term Fees in full prior to the beginning of the new term.

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

Print Name: \_\_\_\_\_

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

Treasurer of Suncoast Calisthenics Club Inc. Agreement

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

Print Name: \_\_\_\_\_

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

## EQUIPMENT

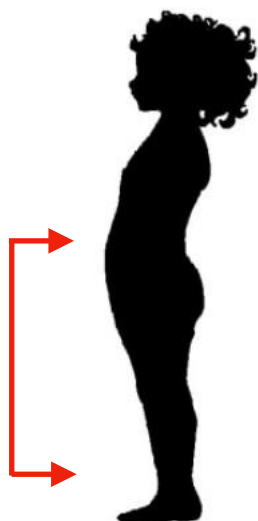
Upon payment of Term 1 Fees or authorisation of payment plan arrangement from the Treasurer pupils will be issued with equipment. Equipment includes a white aesthetics skirt, rod, rod holder and a set of clubs (Tinies are not required to use clubs).

This equipment is hired from Suncoast Calisthenics Club Inc. for the year and the costs associated are included within the Term Fees.

All equipment remains the property of Suncoast Calisthenics Club Inc. and must be returned at the end of the year.

Equipment distributed is measured against the body of the user. To help your Team Manager distribute the correct sizes please measure your child and fill in the measurements below. If you need help with measurements please ask your Team Manager at the end of class.

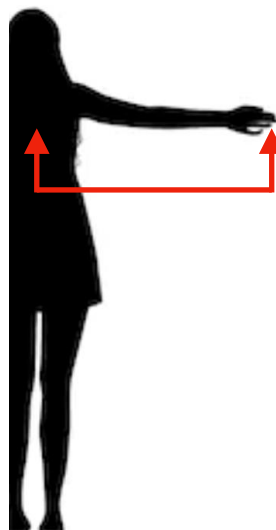
### **Aesthetic Skirt**



### **Aesthetic Skirt**

Measurement from waist to ankle \_\_\_\_\_cm

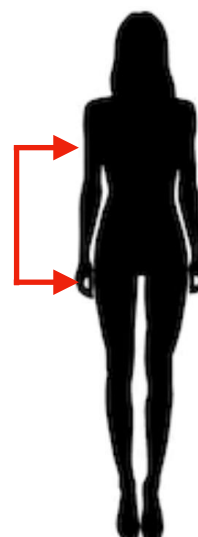
### **Rod**



### **Rod**

With arms out straight from sides of body - measurement from centre of chest to finger tips \_\_\_\_\_cm

### **Clubs**



### **Clubs (excluding Tinies)**

With arms at sides of body - measurement from centre of palm to armpit \_\_\_\_\_cm

I agree to keep all equipment issued safe and in good order. I understand that all equipment remains the property of Suncoast Calisthenics Club Inc. and I agree to return it at the end of the year or if leaving the club prior to the end of the year. I agree to pay any replacement costs if equipment is lost or damaged.

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

**UNIFORMS**

**Club Uniform - Compulsory**

The compulsory uniform must be worn on stage at competitions

Club Singlet \$45

Full length Tights \$55

**Club Practice Uniform - Non Compulsory**

Jacket \$80

Short Shorts \$35

V Neck Shirt \$40

Club Bag \$55

**Package Deal \$150** Includes: Club singlet, full length tights and club bag.

**UNIFORM ORDER FORM - Please tick required sizes**

Please try on the sample uniforms for correct sizing before ordering

	Child Size							Adult Size						
	4	6	8	10	12	14	16	8	10	12	14	16	18	20
Singlet \$45														
Tights \$55														
Jacket \$80														
T-Shirt \$40														
Shorts \$35														
Bag \$50														
Package Deal \$150														

**UNIFORM PAYMENT**

Cash: Amount \$ \_\_\_\_\_  Direct Deposit: Date \_\_\_\_\_

Credit Card

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

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CCV: \_\_\_\_\_

I Authorise Suncoast Calisthenics to process a payment total of \$ \_\_\_\_\_ on the credit card details above.

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

**All uniforms MUST be ordered prior to week 5 of Term 1 as orders will need to be placed if sizes are not in stock. Uniforms will be distributed once paid in full.**

**FUNDRAISING & PARENT INPUT**



Suncoast Calisthenics is a not-for-profit club and runs solely on the support and help from families within the club. All of our committee members, team managers and costume co-ordinators are parents who volunteer their precious time to help run and manage Suncoast Calisthenics so that the members can continue to perform and compete in a sport they love. Without the help of parents this club would cease to exist.

There are many tasks, large and small to complete throughout the year and Suncoast is always asking for parents to help where possible and rebates are given for filling management positions. Below are some of the roles within the club. Please indicate in which area you will be able to help throughout the year.

**Committee**

President  Vice President  Secretary  Treasurer

**Team Manager**

Tinies.  Sub-Juniors  Juniors  Masters

**Costume Co-ordinator**

Tinies  Sub-Juniors  Juniors  Masters

**Fundraising**

Organising Fundraisers  Sourcing prizes from local businesses  
 Shopping for fundraiser BBQ's  Storing and transporting the BBQ box & drinks

**Uniforms**

Managing and ordering and distributing uniform orders

**Costumes & Props**

Help sew/add sequins and extra sparkle to costumes  Make props

**Equipment**

Distributing of equipment and management of equipment register

Other/Comments: \_\_\_\_\_  
\_\_\_\_\_

Throughout the year Suncoast holds club events such as the mid year concert, hosts BBQ's which are the most profitable for fundraising and is required to fill positions at CAQI competitions we ask all families volunteer for just 2 hours at these events.

By registering with Suncoast Calisthenics Club Inc. I / my family understand and agree to help with events when able. I agree to volunteering my/my families time to a minimum of x4 hours throughout the year.

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