



PUPIL REGISTRATION FORM 2019

PUPIL INFORMATION

Family Name:	_____	Given Names:	_____		
Street Address:	_____	Suburb:	_____		
Telephone (Home):	_____	Mobile:	_____		
Email:	_____	Date of Birth:	_____	Age:	_____
		Section:	_____		
First Year Commenced Calisthenics	_____	Previous Club:	_____		
Year Commenced at Joullé	_____	Pupil Skills Attained:	_____		
Years of Attendance at Joullé	_____				

CONTACT INFORMATION

MOTHER / FEMALE GUARDIAN	_____	FATHER / MALE GUARDIAN	_____
Family Name	_____	Family Name	_____
Given Name	_____	Given Name	_____
Occupation:	_____	Occupation:	_____
Telephone (Home):	_____	Telephone (Home):	_____
Mobile:	_____	Mobile:	_____

Are there any arrangements or Family Court orders **applicable to this enrolment at Joullé Calisthenics Academy Inc**

Yes/No _____

Please give details using an extra page and \ or provide a photography of documentary evidence if appropriate

If **YES**, Please indicate to whom Academy Information (e.g.: notices, newsletters and competition details) should be sent to:

Mother / Female Guardian	_____	Father / Male Guardian	_____
Other (insert name)	_____		
Address:	_____	Email:	_____

WORKING WITH CHILDRENS

Card Number:	_____	Expiry Date:	_____
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MEDICAL INFORMATION

Emergency Contact 1:

Name:	_____	Home Ph:	_____
Mobile:	_____	Relationship:	_____

Emergency Contact 2:

Name:	_____	Home Ph:	_____
Mobile:	_____	Relationship:	_____

DOCTOR / DENTIST INFORMATION

Name: _____ Phone: _____

Address: _____

Dentist Details:

Name: _____ Phone: _____

Address: _____

Medical Conditions

Asthma _____

Medicare Number _____

Private Health _____

Ambulance Number _____

PLEASE ATTACH ANY ASTHMA MANAGEMENT PLAN TO THIS FORM

1. If my child/myself (Senior Pupil) is involved in an emergency situation, I accept **JOULLE CALISTHENICS ACADEMY INC & THEIR REPRESENTATIVES** to act in the best interests of my child and to notify me as soon as possible.
2. I give permission for contact to be made with the relevant authorities
3. I will be responsible for any costs arising from such action.
4. If there are any changes in my child's medication I understand it is my responsibility to notify **JOULLE CAISTHENICS ACADEMY INC**

SIGNATURE: _____ DATE: _____

PUPIL NAME: _____

RELATIONSHIP _____

PRIVACY POLICY

Abbreviations: Calisthenics Victoria Inc (CVI) Australian Calisthenics Federation (ACF)

1. I authorise the information provided on the Registration form to used by **JOULLE CALISTEHINCS ACADEMY INC** 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 in calisthenics conducted by the club it the State Association

2. I authorise **JOULLE CALISTHENICS ACADEMY INC** to forward the information contained on this registration form to:

CVI ACF

For any use by them in the administration of the sport of calisthenics at state and national levels and in accordance with respective objects of the state Association and the ACF

3. I agree to the following associations sending me information pertaining to programs and promotions conducted by them from time to time

CVI ACF JOULLE

4. I acknowledge and consent to photographs and video footage being taken of me during my performance and in class sessions. I acknowledge and agree that

CVI ACF JOULLE

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

5. I consent to:

CVI ACF JOULLE

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

The sport of calisthenics

- Joulle Calisthenics Academy Inc
- Calisthenics Victoria
- Australian Calisthenics Federation (ACF)

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:

- Joulle Calisthenics Academy Inc
- Calisthenics Victoria
- Australian Calisthenics Federation (ACF)

6. I authorise the publication of my competition results _____

I hereby grant Joulle Calisthenics Club, the right to use my name and image in the promotion of Joulle Calisthenics Club. Please note full names will not be used on Team App, Facebook, Website or Twitter.

This permission includes but is not limited to; The right to publish results of all entered on electronic platforms utilised by the club. The right to the use of my photo and image on electronic platforms utilised by the club.

Electronic platforms may include;

- Club Team App
- Club Website
- Competition Websites
- Club Facebook Page
- Club Concert Program
- Club Instagram
- Club Twitter Account

PUPILS NAME: _____

PUPILS SIGNATURE _____

For participants under 18 years of age

PARENTS SIGNATURE: _____

DATE: _____