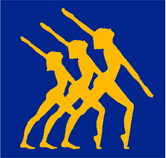
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**Calisthenic Association of South Australia Inc.**

**National Team Registration of Interest Form**

A standing fee of $20.00 is payable on via trybooking. <https://www.trybooking.com/BGFPN>

Sub Junior – Intermediate Registration closes Friday 8th November 5.00pm

Senior Registration closes Friday 29th November 5.00pm

**NO LATE REGISTRATIONS WILL BE ACCEPTED**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PC\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A REGISTERED MEMBER OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLUB  
  
IS STANDING FOR SELECTION FOR (Please circle) Sub Junior / Junior / Intermediate / Senior TEAM  
  
I declare at the time of selections  
1. To the best of my knowledge I am not suffering from any injury or disability that may prevent me from performing  
 my duties in a State team.  
2. I have no outstanding payments or fees due to the above stated Club or the Calisthenic Association of SA.  
3. I will abide by all rules relative to the selections as defined by the Calisthenic Association of South Australia  
4. I have read and agree to abide by the information provided in the 2020 National teams information booklet  
 including payments due.

­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature Date

Parent must complete this section of the form if the child is under 18 years.

The Selection Panel decision is final and no correspondence will be entered into.

CLUB SECRETARY / PRINCIPAL COACH TO COMPLETE THIS SECTION  
  
must be signed by ONE of the above AND TEAM COACH

\*\*\*ALL COMPETITIORS MUST BE FINANCIAL MEMBERS OF THEIR CLUB\*\*\*

Coaches Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Club

Declare………………………………………………….participated in………………..…in the

Members Name Number of items

…………………….....................................of the……….2019……...CASA State Championships.  
 Section Year

Signature (Club Secretary/ Principal Coach) ………………………….Team Coach……………………………

Date…………………………………………

Western Youth Centre – 79 Marion Road Cowandilla

SATURDAY 9th November Intermediate Workshop / Selection 2.00pm- 5.00pm

Western Youth Centre – 79 Marion Road Cowandilla

SUNDAY 10th November Sub Junior Workshop 9.00am -10.30am

Sub Junior Selections 1.00pm-3.00pm

Junior Workshop 11.00am – 12.30pm

Junior Selection 4.00pm-6.00pm

SUNDAY 1st December Western Youth Centre – 79 Marion Road Cowandilla

Senior Workshop/Selection 9.00am-12.00pm

Try Booking receipt and completed form to be presented on selection day to registration desk.

Registration opens 1 hour prior to workshop