



Calisthenics Association of WA State Team Agreement

I _____ wish to be considered for selection for the CAWA State Team.

I understand that selection in the State Team is based on meeting the selection criteria as specified in the CAWA State Team Policies and CAWA State Team Code of Conduct.

If selected in the Team, I agree to purchase all necessary items of the team uniform and wear them in accordance with team regulations.

I understand that selection in the State Team is dependent on the agreement to abide by the ACF Member Protection Policy Part D: Codes of Conduct and that breaches of the Code may result in disciplinary action.

I understand that, if selected for the State Team, I will be required to pay a monetary deposit within two weeks of selection and further periodical payments as set by the State Team.

I am aware that if I do not pay the fees associated with selection for the State Team by the dates specified, that I will not be permitted to travel or compete at the Australian National Calisthenic Federation National Championships. A full refund will not be possible in the event of a late withdrawal from the Team by me.

I agree to abide by the ACF Drugs in Sport Code.

I also agree that CAWA or any team or personnel member associated with the CAWA State Team shall not be deemed responsible or liable in any way for any injury, illness or other mishap to me or my child during the tour. I agree to be responsible for the costs of any medical treatment and ambulance deemed necessary by the State Team Manager or Team Coach.

I have read the CAWA and ACF Policies as listed below and understand that any breach of the rules could lead to me being ineligible for state representation.

ACF Member Protection Policy; Part D: Code of Conduct www.calisthenicsaustralia.org

ACF Anti Doping Policy

CAWA State Team Policies

CAWA State Team Code of Conduct

Name _____ [Team Member]

Signed _____ Date: / /

Name _____

Signed _____ Date: / /

[Parent if member under 18 yrs of age]