Western Cape Gymnastics Association (WCGA)

Club Registration & Declaration

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Please print in Black Ink - All details must be completed, or paperwork will be returned

Club Name:	Club Category: District:					
Contact details for Club enquiries:						
Telephone No:	Mobile No:					
Email:	Web Address:					
Venue details:						
Training Venue(s) Name:						
Training Venue Address:	Training Venue Telephone No: Training Venue Email:					
PostCode:						
Training Venue Address (if more than one venue is used):	Training Venue Telephone No:					
	Training Venue Email:					
PostCode:	Purpose built gymnastics centre	: Yes No				
Club Secretary contact details:						
Club Secretary Name:						
Club Secretary Address:	Club Secretary Telephone No:					
	Club Secretary Mobile No:					
Post Oct I	Club Secretary Email:					
PostCode:						
Club Owner contact details: * Copy of ID Document must be included						
Club Owner NAME & Address:	Club Owner Telephone No:					
	Club Owner Mobile No					
	Club Owner Email:					
PostCode:						

Head Coach contact details: Minimum Qualification – GL							
Head Coach Name:							
Head Coach Address:		Head Coach Tel:					
		Head Coach Mobile:					
Do-40- do-		Head Coach Email:					
PostCode:							
Coach Name:	Level:	SAGF M	embership No:	*Discipline/Activity:			
Head Coach:							
Coach:							
Coach:							
Coach:							
Coach:							
Coach:							
Please TICK which disciplin Acrobatic Gymnastics Aerobic Gymnastics Rope Skipping Disability Gymnastics	es/activities yo Double Mini Tra Men's Artistic Rhythmic Gymi Gym for All	amp	Trampoline Gy Tumbling Women's Artis Acrobatic Dane	mnastics Schools	Ch: District advised: Yes No		
 Mandatory Declaration I confirm and declare that (i) I am an official of the Club, named above, duly authorised to make this declaration on its behalf (ii) the Club wishes to be a registered club of the South African Gymnastics Association (SAGF) and will comply with the Regulations issued by SAGF (iii) the Club agrees to comply with the provisions of the Rules and Regulations of the Western Cape Gymnastics Association (WCGA) (iv) the Club and gymnast registration payments will be paid in full each year (v) the Club agrees to comply with it's relevant District Rules and Regulations. 							
Name of the Authorised Club Official	ıl:			Date:			
Official position with the Club:			Signature:				
Information on this form will be stored in either hard copy or electronically under the provisions of the Data Protection Act. If you DO NOT wish your Club contact details to be made available either in hard copy format or via the WCGA Gymnastics website, please tick this box.							
Please return ALL forms to: Western Cape Gymnastics Association Email: info@wcga.co.za		F	or Office Use only	Date	Approved		