



**Head Coach contact details: Minimum Qualification – GL**

Head Coach Name:

Head Coach Address:

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 .....  
 .....  
 ..... PostCode:.....

Head Coach Tel:

Head Coach Mobile:

Head Coach Email:

Coach Name:	Level:	SAGF Membership No:	*Discipline/Activity:
Head Coach:			
Coach:			
Coach:			
Coach:			
Coach:			
Coach:			

**\*Disciplines:**

ACRO- Acrobatics; WAG- Women's Artistic; MAG - Men's Artistic; TRA - Trampoline Gymnastics; ACRO - Acrobatic Gymnastics; TUM - Tumbling;  
 AER- Aerobic Gymnastics; SS- School's Gymnastics; RG- Rhythmic Gymnastics; DMT- Double Mini Tramp; DG- Disabilities; GFA- Gym for All & Recreational; RS - Ropeskiipping

**Please TICK which disciplines/activities your Club offers for which you have a qualified coach:**

- |  |  |  |                                  |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Acrobatic Gymnastics  | <input type="checkbox"/> Double Mini Tramp   | <input type="checkbox"/> Trampoline Gymnastics | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Aerobic Gymnastics    | <input type="checkbox"/> Men's Artistic      | <input type="checkbox"/> Tumbling              |                                  |
| <input type="checkbox"/> Rope Skipping         | <input type="checkbox"/> Rhythmic Gymnastics | <input type="checkbox"/> Women's Artistic      |                                  |
| <input type="checkbox"/> Disability Gymnastics | <input type="checkbox"/> Gym for All         | <input type="checkbox"/> Acrobatic Dance       |                                  |

**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: ..... 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

For Office Use only	Date	Approved
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