



Gymnastics
New South Wales

2016 Club Affiliation Form

New Affiliation

Thank you for choosing to affiliate with Gymnastics New South Wales and Gymnastics Australia (GA) in 2016. We hope this year as a nationally Affiliated Club will be both positive and rewarding as we work together to further unite, align, grow and strengthen the sport of Gymnastics in Australia. The information collected in this form will be used to communicate with and provide services to the club. If you have any questions regarding Club Affiliation please contact Gymnastics New South Wales on 02 9763 5011

All information collected will be treated as confidential and used in accordance with the Privacy Act 1988 (Cth). For information regarding privacy and matters relating to Club Affiliation please contact Gymnastics New South Wales or visit www.gymnastics.org.au.

Affiliation with Gymnastics New South Wales for the year commencing January 1, 2016 is conditional upon compliance with the National Affiliation Standards as outlined in Section 1.

The Club Affiliation Manual should be referred to for additional information relating to Club Affiliation. The Manual is a separate document that sets out the Terms and Conditions of Affiliation and will assist you in completing this form. For a copy of the Manual please contact your State or Territory Association or visit www.gymnastics.org.au.

Section 1 | National Affiliation Standards

The following is a list of Affiliation Standards which the Club must comply with prior to Affiliation. The list can be used as a checklist prior to application.

- 1 All of the club's participants are registered (utilising the correct codes) with the relevant State Association and Gymnastics Australia in accordance with the **National Membership Database Policy** and the **State Membership Policy**.
- 2 The club maintains ongoing currency as an entity with relevant State or Commonwealth incorporation requirements (excepting where the club is unincorporated, a sole trader, partnership, council owned facility or registered school or post-secondary education organisation).
- 3 The club accepts and complies with its **State/Territory Association and Gymnastics Australia's Constitution, Regulations and Policies**, including but not limited to:
 - Member Protection Policy
 - Privacy Policy
 - Athlete Transfer Policy
 - Athlete Multi Club Policy
 - National Club Name Policy
 - National Club Membership Database Policy
 - Anti-doping Policy
 - Anti-match fixing Policy
 - Inclusion Policy
- 4 Working With Children Checks (Suitability Check) for all staff and volunteers (paid or unpaid) are conducted in accordance with **State Legislation**.
- 5 The club (except in the instance where the club is a school*) will maintain membership forms for all registered members and will include provision for the members medical and emergency contact information.

Storage of these membership forms and any other personal information, including medical information must be secure and disclosure and storage must comply with the Privacy Act 1988 (Cth), and other applicable State requirements.

*meaning schools who deliver gymnastics to enrolled students only and where all students personal and medical details are on file with the school.
- 6 GA and State association requests for club and participant information are complied with as required.
- 7 The club will implement a Member Protection Information Officer procedure in accordance with the **MPIO Principles and implementation timeline** (at least 1 person per club completes the online MPIO Course by 31 January 2016. The MPIO will be a person who does not hold office or senior management role or ownership of the Club some exemptions apply).
- 8 The Club meets its employment obligations, including the appropriate level of WorkCover insurance.
- 9 All gymnastics activities, are conducted by an appropriately Accredited Coach currently registered as a Technical Member with Gymnastics Australia.

Appropriately accredited means the coach has the accreditation to coach the Gymsport in accordance with the GA skills matrix for the activities.
- 10 Lesson Plans consistent with the formats endorsed by GA are prepared and used by all coaches for all classes. The Lesson Plans must be accessible and referred to by the coach during the class and must then be held on file by the club for any future reference.
- 11 Coaches and administrators are aware of and utilise correct manual handling techniques in accordance with State Occupational Health and Safety legislation.
- 12 The Club adheres to an equipment safety procedure consistent with the **GA Equipment Safety Principles**. Completion and submission of an equipment checklist is required in accordance with the relevant State Association and approved App.
- 13 The club has an injury report procedure, including an injury report form, both of which are accessible during all gymnastics activities. All injuries will be documented in accordance with the injury report procedure.
- 14 The Club's General Liability Insurance meets the **National Insurance Standards**.
- 15 The Club maintains ongoing compliance with the basic venue safety requirements:
 - Safety Rules are on display within all club venues
 - A suitably trained Chief Warden is appointed
 - Trial evacuation exercises (Fire Drills) are conducted at least twice per year
 - At least one currently qualified First Aider, qualified in line with the Coach Education Framework and Accreditation Policy, is on site and accessible during all gymnastics activities.
 - A fully equipped, regularly maintained First Aid Kit is on site and accessible during all gymnastics activities
 - A working telephone either landline or mobile is on site and accessible during all gymnastics activities and emergency contact numbers are on display near the handset or another prominent place.

Section 2 | Club Information

2.1 Legal Name:

2.2 Trading Name(s):

2.3 Club Name

2.4 ABN / ACN:

2.5 Registered for GST:

Yes

No

2.6 What type of entity is your club?

Incorporated Association

_____ Date of Latest Constitution

Trust

Sole Trader

Partnership

Company

Council Operated Facility

School or Post-Secondary Organisation

_____ Name

Other

_____ Please Specify

Please supply evidence of the club's legal status, including details of the trust (if applicable)

2.7 Legal Status on file with Gymnastics New South Wales:

Yes

No

Section 3 | Primary Information

3.1 Club Postal Address:

Street/PO Box		
Suburb	State	Postcode

3.2 Total number of sub club venues from which the club conducts programs:

3.3 Primary venue and contact details

Street/PO Box		
Suburb	State	Postcode
Phone Number	Email	Fax

Venue#2

Street/PO Box		
Suburb	State	Postcode
Phone Number	Email	Fax

Venue#3

Street/PO Box		
Suburb	State	Postcode
Phone Number	Email	Fax

Venue#4

Street/PO Box		
Suburb	State	Postcode
Phone Number	Email	Fax

Venue#5

Street/PO Box		
Suburb	State	Postcode
Phone Number	Email	Fax

Please supply details for ALL venues from which the Club conducts programs. Please attach a list of additional venue details if required.

3.4 Club Phone Number:

Primary Phone Number
Secondary Phone Number
Mobile Phone Number

3.5 Club Website:

3.6 State Association:

3.7 Club ID Number:

3.8 Number of Athletes:

Section 4 | Club Contacts/Personnel

4.1 In this section please provide the details for at least five management personnel, including **President/Owner/Director, Manager/Administrator, Finance/Accounts, Voting Delegate and MPIO**. It is your responsibility to be aware of State / Territory Association requirements in the instance of Proxy/Absenteeism for Voting Delegates

Name: _____ DOB: _____
Given Name(s) Surname

Position (please circle) President / Owner / Director

Address: _____
Street/PO Box Suburb State Postcode

Contact Numbers: _____
Business Hours Phone Number After Hours Phone Number

Mobile Phone Number Fax Number

Email: _____

Name: _____ DOB: _____
Given Name(s) Surname

Position (please circle) Manager / Administrator

Address: _____
Street/PO Box Suburb State Postcode

Contact Numbers: _____
Business Hours Phone Number After Hours Phone Number

Mobile Phone Number Fax Number

Email: _____

Name: _____ DOB: _____
Given Name(s) Surname

Position (please circle) Finance / Accounts

Address: _____
Street/PO Box Suburb State Postcode

Contact Numbers: _____
Business Hours Phone Number After Hours Phone Number

Mobile Phone Number Fax Number

Email: _____

Name: _____ DOB: _____
Given Name(s) Surname

Position Voting Delegate

Address: _____
Street/PO Box Suburb State Postcode

Contact Numbers: _____
Business Hours Phone Number After Hours Phone Number

Mobile Phone Number Fax Number

Email: _____

Name: _____ DOB: _____
Given Name(s) Surname

Position Member Protection Information Officer

Address: _____
Street/PO Box Suburb State Postcode

Contact Numbers: _____
Business Hours Phone Number After Hours Phone Number

Mobile Phone Number Fax Number

Email: _____

*Please attach a list of all other staff/office bearers if required in Appendix A.

Section 5 | Club Uniform

5.1 Official Club Colours: _____

5.2 Has Gymnastics New South Wales formally accepted the club's current uniform(s)?

Yes

Please attach ALL current uniform designs (including the clubs colours).

No

Please supply details of the club's current uniform(s) and attach ALL uniform designs (including the club's colours).

Section 6 | Insurance

Gymnastics Australia's National Risk Protection Program (the Program) provides four key insurance covers, outlined below.

The Program utilises the buying power of hundreds of affiliated gymnastics clubs across Australia. This has resulted in considerable savings and enhanced coverage for clubs who purchase these policies.

1. Personal Injury Insurance: This is Standard Insurance Cover available to registered club members. It covers:
- Non-Medicare costs;
 - Loss of Income; and
 - Capital Benefits
- associated with personal injuries sustained during official gymnastics club activities.

The Personal Injury Insurance premium is included within the membership fees for all members. As per the National Affiliation Standards, the club must register all participants in accordance with the National Membership Database Policy to ensure Insurance cover can be confirmed.

2. General Liability Insurance: This policy is available to affiliated clubs. It covers legal liability to pay compensation arising from Personal Injury, Property Damage and Advertising Liability to third parties for breaching its duty of care (negligence).

3. Professional Indemnity Insurance: This policy is available to affiliated clubs. It covers certain costs associated with a claim against the club, its members, employees and officers for a breach of professional duty in the conduct of the club's business.

4. Management Liability Insurance: This policy is available to affiliated clubs. It covers a range of areas including legal action against the committee or directors of the club for wrongful acts or omissions.

The General Liability, Professional Indemnity and Management Liability Insurance premiums are not included within the standard affiliation fees. These covers may be purchased through the Program or by the Club independently. If purchased independently, the club must supply evidence of pre-existing and current insurance as per the National Insurance Minimum Requirements at 6.3 (b).

To purchase General Liability, Professional Indemnity and Club Management Liability Insurance through the Program please complete questions 6.1 and 6.2.

The National Risk Protection Program is administered by JLT Sport. For a simple summary of each policy and other important information, terms and conditions, please visit the JLT Sport website, www.jltsport.com.au/gymnastics.

6.1 Platinum Liability Insurance (Covers 2, 3 & 4)

Do you wish to purchase General Liability, Professional Indemnity and Management Liability Insurance for your club through the Program?

Yes go to question 6.2

No go to question 6.3

6.2 (a) Before you enter into a contract of general insurance, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer (via this form) every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

For further details regarding insurance terms and conditions, please refer to the JLT Sport website www.jltsport.com.au/gymnastics and the Statutory Notice contained within Appendix B.

6.2 (b) After due inquiry, are you aware of any claims, or incidents that may lead to a claim, relating to the following areas? Please tick each applicable box below.

General Liability

Example: Action against the club for its legal liability to pay compensation arising from Personal Injury, Property Damage or Advertising Liability

Yes No

Professional Indemnity

Example: Legal action against an Accredited coach, judge or official for breach of professional duty resulting in personal injury.

Yes No

Management Liability

Example: Legal action against the club's officers (as defined) for wrongful acts in the conduct of the club's business.

Yes No

Employment Practices

Example: Legal action against the club for any error or omission in connection with recruitment, employment or termination of employees.

Yes No

Employee Theft (Fidelity)

Example: Loss of money or negotiable instruments suffered by the club as a result of a dishonest or fraudulent act or omission of an employee.

Yes No

If you answered "YES" to any of the questions in 6.2 (b), please supply a full description below. Please attach supporting documentation including incident reports, injury reports, witness statements and lesson plans where applicable. Contact Gymnastics New South Wales for further assistance or information.

Please only include details of liability claims or incidents that could give rise to a liability claim. Personal Injury Claims are not applicable in this section.

6.2 (c) Club Declaration:

In reference to Gymnastics Australia's National Risk Protection Program Insurance policies, I, the undersigned, as authorised representative and on behalf of *(insert club name)* _____ (the Club) declare that after due inquiry I am not aware of any claims, or incidents that could give rise to a claim, other than as noted above.

I also hereby acknowledge that I have read and understood the Statutory Notice contained within Appendix B.

Signed: _____ Date: _____
Authorised Club Representative

Name: _____ Title: _____
Please print

If you have signed the above declaration go directly to 6.4

Section 6 | Insurance (cont.)

6.3 Insurance: Opt Out

The Club is not purchasing Gymnastics Australia's General and Platinum Liability Insurance.

If you answered "NO" to question 6.1, please complete the following information.

Do not complete this section if you have purchased liability insurance through the Program (as per question 6.1 and 6.2).

6.3 (a) All clubs that do not purchase insurance through the Program must supply evidence of pre-existing and current insurance as per the coverage requirements detailed below.

Failure to supply sufficient insurance documentation or evidence may cause delays with your affiliation.

6.3 (b) Please tick each box below and supply official documentation to verify that your Club's insurance policies comply with Gymnastics Australia's National Insurance Minimum Requirements.

GYMNASTICS AUSTRALIA'S NATIONAL INSURANCE MINIMUM REQUIREMENTS:

Insurance Coverage	Minimum Requirements	Gymnastics Australia's Coverage	Your Club's Insurance Cover Minimum Requirement
Public Liability	\$20 million In respect of any one occurrence	\$20 million	<input type="checkbox"/> Confirm
Product Liability	\$20 million In respect of any one occurrence	\$20 million	<input type="checkbox"/> Confirm
Professional Indemnity	\$10 million	\$10 million	<input type="checkbox"/> Confirm
Property	\$10,000 In your care, custody and control	\$100,000	<input type="checkbox"/> Confirm
Extensions:	Participation Coverage whilst participating in gymnastics	Included	<input type="checkbox"/> Confirm
	Member to Member Coverage for claims against another member	Included	<input type="checkbox"/> Confirm
Inclusions:	Gymnastics Australia Listed as an interested party or insured	Included	<input type="checkbox"/> Confirm
	State Association Member Listed as an interested party or insured	Included	<input type="checkbox"/> Confirm
Expiry Date		31 st December 2016	

Note: If your policy expires prior to 31 December 2016, please provide updated policy documentation upon renewal of your insurance or contact Gymnastics New South Wales if you would like to purchase liability insurance through the National Risk Protection Program.

6.3 (c) A copy of the Club's Certificate of Insurance and additional insurance documentation is attached.

Yes No

6.3 (d) Declaration:

I, the undersigned, as authorised representative and on behalf of _____ (the Club), declare that the insurance policies held by the club are current and meet ALL of the National Insurance Minimum Requirements as listed above at 6.3 (b).

I have attached the Club's Certificate of Insurance and additional insurance documentation, where applicable, that demonstrates the insurance requirements have been met.

I understand that failure to supply the relevant insurance documentation may cause the Club's affiliation to be declined.

Signed:

Authorised Club Representative

Date:

Name:

Please print

Title:

Section 6 | Insurance Other (cont.)

6.4 The program does not cover:

- a) Workers compensation insurance/Workcover
- b) General building and/or other equipment insurance

Please confirm that the Club has sufficient cover for:

a) Workers compensation insurance/Workcover Yes

Policy Number

No

AND in all States except NSW

b) General building and/or other equipment insurance Yes

No

It should be noted that worker's compensation insurance is a mandatory legal requirement for all employers (except exempt employers). Contact the WorkCover / WorkSafe authority in your state for further information.

For a free quote on building and contents insurance go to: www.iltssport.com.au/assetprotect.

Section 7 | Gymsport Programs

7.1 Please indicate the Gymsport Programs offered by the club:

Gymnastics for All (GfA) Including LaunchPad	<input type="checkbox"/> KinderGym (0-5y.o)	<input type="checkbox"/> Gym Fun (5-8y.o)	<input type="checkbox"/> Gym Skills (8-12y.o)
	<input type="checkbox"/> Rec Program (0-5y.o)	<input type="checkbox"/> Rec Program (5-12y.o)	<input type="checkbox"/> Youth (13-18y.o)
	<input type="checkbox"/> Adults (19-59y.o)	<input type="checkbox"/> Seniors (60+yrs)	<input type="checkbox"/> Disability Program
	<input type="checkbox"/> Team Gym	<input type="checkbox"/> Rebound Therapy	
Men's Artistic Gymnastics (MAG)	<input type="checkbox"/> National Levels	<input type="checkbox"/> International Levels	
Women's Artistic Gymnastics (WAG)	<input type="checkbox"/> National Levels	<input type="checkbox"/> International Levels	
Rhythmic Gymnastics (RG)	<input type="checkbox"/> National Levels	<input type="checkbox"/> International Levels	
Trampoline Gymnastics (TRP)	<input type="checkbox"/> National Levels	<input type="checkbox"/> International Levels	
Trampoline Gymnastics Double Mini Tramp (DMT)	<input type="checkbox"/> National Levels	<input type="checkbox"/> International Levels	
Trampoline Gymnastics Tumbling (TUM)	<input type="checkbox"/> National Levels	<input type="checkbox"/> International Levels	
Aerobic Gymnastics (AER)	<input type="checkbox"/> National Levels	<input type="checkbox"/> International Levels	
Acrobatic Gymnastics (ACR)	<input type="checkbox"/> National Levels	<input type="checkbox"/> International Levels	
Cheerleading (CHL)	<input type="checkbox"/> Recreational	<input type="checkbox"/> Competitive	

*NOTE: All recreational programs should sit within GfA other than Cheerleading

*NOTE: LaunchPad Accredited Clubs are Clubs that deliver KG, GF, GS or Recreational Programs for 0-5y.o and or 5-12 y.o.

7.2 If your club conducts competitive programs please complete 7.3. If not proceed to 7.4.

Yes Go to 7.3

No Go to 7.4

7.3 Head Judge / Club Judging contact.

Please complete 7.3 **ONLY** if the Club conducts a competitive program. If not move to 7.4.

Name:

Given Name(s) Surname

Accreditation:

Gymsport Level Gymsport Level Gymsport Level

Technical Member ID:

ID Number Registered Until Date

Contact Numbers:

Business Hours Phone Number Mobile Phone Number

Email Address:

Working with Children
Check or equivalent:

Yes

No

Yes

No

Required by State Legislation?

Suitability Check Completed?

Card/Verification Number

Date of Expiry

7.4 Head Coach/Director Coaching

Name:

Given Name(s) Surname

Accreditation:

Gymsport Level Gymsport Level Gymsport Level

Technical Member ID:

ID Number Registered Until Date

Contact Numbers:

Business Hours Phone Number Mobile Phone Number

Email Address:

Working with Children
Check or equivalent:

Yes

No

Yes

No

Required by State Legislation?

Suitability Check Completed?

Card/Verification Number

Date of Expiry

7.5 All Coaches

Please check all listed coaches and make any necessary changes.

Please add any coach who is not listed.

Name:

Given Name(s) Surname

Accreditation:

Gymsport Level Gymsport Level Gymsport Level

Technical Member ID:

ID Number Registered Until Date

Contact Numbers:

Business Hours Phone Number Mobile Phone Number

Email Address:

Working with Children
Check or equivalent:

Yes

No

Yes

No

Required by State Legislation?

Suitability Check Completed?

Card/Verification Number

Date of Expiry

Name:

Given Name(s) Surname

Accreditation:

Gymsport Level Gymsport Level Gymsport Level

Technical Member ID:

ID Number Registered Until Date

Contact Numbers:

Business Hours Phone Number Mobile Phone Number

Email Address:

Working with Children
Check or equivalent:

Yes

No

Yes

No

Required by State Legislation?

Suitability Check Completed?

Card/Verification Number

Date of Expiry

Name:

Given Name(s) Surname

Accreditation:

Gymsport Level Gymsport Level Gymsport Level

Technical Member ID:

ID Number Registered Until Date

Contact Numbers:

Business Hours Phone Number Mobile Phone Number

Email Address:

Working with Children
Check or equivalent:

Required by State Legislation? Suitability Check Completed? Card/Verification Number Date of Expiry

Name:

Given Name(s) Surname

Accreditation:

Gymsport Level Gymsport Level Gymsport Level

Technical Member ID:

ID Number Registered Until Date

Contact Numbers:

Business Hours Phone Number Mobile Phone Number

Email Address:

Working with Children
Check or equivalent:

Required by State Legislation? Suitability Check Completed? Card/Verification Number Date of Expiry

Name:

Given Name(s) Surname

Accreditation:

Gymsport Level Gymsport Level Gymsport Level

Technical Member ID:

ID Number Registered Until Date

Contact Numbers:

Business Hours Phone Number Mobile Phone Number

Email Address:

Working with Children
Check or equivalent:

Required by State Legislation? Suitability Check Completed? Card/Verification Number Date of Expiry

Name:

Given Name(s) Surname

Accreditation:

Gymsport Level Gymsport Level Gymsport Level

Technical Member ID:

ID Number Registered Until Date

Contact Numbers:

Business Hours Phone Number Mobile Phone Number

Email Address:

Working with Children
Check or equivalent:

Required by State Legislation? Suitability Check Completed? Card/Verification Number Date of Expiry

Please attach a list of all other coaches, volunteers and staff.

Section 8 | Gymnastics for All (GfA) Provider

If your Club conducts KinderGym, GymFun and or GymSkills programs please complete the relevant section(s) 8.1 and or 8.2 below. If not proceed to Section 9.

Yes complete 8.1 and 8.2

No go to 9

8.1(a) KinderGym

For a copy of the KinderGym Guiding Principles, please refer to the Club Affiliation Manual or www.gymnastics.org.au.

Does the club comply with the following KinderGym Provider conditions?

(Please tick each condition to acknowledge the club's compliance)

All KinderGym programs conducted by an accredited KinderGym Coach.

All KinderGym Club participants registered on the National Database (GfAKG)

All KinderGym programs conducted in accordance with the KinderGym Guiding Principles

8.1 (b) KinderGym Provider Agreement:

We, the undersigned, as authorised representatives of _____ (the club) have read and understood the above conditions and agree to comply with those conditions and uphold all of the KinderGym Guiding Principles for the year commencing January 1st, 2016.

Signed: _____
Authorised Club Representative

Signed: _____
Club KinderGym Coach

Name: _____
Please print

Name: _____
Please print

Date: _____

Date: _____

8.2 (a) GymFun and GymSkills

For a copy of the GymFun and GymSkills Guiding Principles, please refer to the Club Affiliation Manual or www.gymnastics.org.au.

Does the club comply with the following GymSkills and GymFun Provider conditions?

(Please tick each condition to acknowledge the club's compliance)

All GymFun and GymSkills programs are conducted by an accredited GfA Coach

Affiliated coaches have attended a Zoom or Ignite workshop

All GymFun and GymSkills participants registered on the National Database (Codes TBA)

All GymFun and GymSkills programs conducted in accordance with the GymFun and GymSkills Guiding Principles

8.2 (b) GymFun and GymSkills Provider Agreement:

We, the undersigned, as authorised representatives of _____ (the club) have read and understood the above conditions and agree to comply with those conditions and uphold all of the GymFun and GymSkills Guiding Principles for the year commencing January 1st, 2016.

Signed: _____
Authorised Club Representative

Signed: _____
GymFun/GymSkills Coach

Name: _____
Please print

Name: _____
Please print

Date: _____

Date: _____

Section 9 | Participation Numbers

Gymnastics Australia continues to promote the sport of gymnastics to the wider community and is therefore important that gymnastics as a whole can report on not just membership numbers but participation numbers and exposure opportunities. The recording and reporting of participation numbers has become extremely important with the introduction of the Australian Sports Commission (ASC) participation game plan – Play.Sport.Australia.

We are committed to supporting clubs to deliver participation and exposure opportunities to the wider community. The information provided in this section will help identify gaps in our current service delivery to clubs, while providing information on emerging participation trends and strategies to convert participants to members.

9.1 Did your club deliver gymnastics programs to schools in 2015?

Yes No go to 9.3

9.2 Please provide the following information about the Club delivered school programs in 2015 (EXCLUDING the Australian Sports Commissions, Sporting Schools Program*)

(*Please refer to the Affiliation Manual for further information on the Sporting Schools Program)

	Example^	Number
Total number of schools	2	
Total number of sessions	20	
Total number of students	24	
Total number of exposures	240	

As we are reporting on 'exposure opportunities' the example should be followed when calculating the numbers to populate the table above.

^2 schools participated in one session per week for 10 weeks (20 sessions). Each school had the same 12 students per session (24 students) for 10 weeks (240 exposures).

9.3 Please indicate if your Club delivered the following gymnastics participation activities in 2015 and indicate the number of participants in each activity as appropriate.

	No# Participants	No# Groups
Birthday Parties		
Sporting Groups		
Come & Try Sessions		N/A
School Holiday Program		N/A
Rebound Therapy		N/A
Structured Free Play		N/A
Other		N/A

None of the above

9.4 Please indicate the number of participants in the various groups that participated in the following gymnastics activities in 2015

	No# Disability Participants	No# Aboriginal or Torres Strait Islander Participants	No# Newly arrived, Migrant or Refugee Participants
Members			
Rebound Therapy			
Non-Members	School Groups		
	Birthday Parties		
	Sporting Groups		
	Come & Try Sessions		
	School Holiday Program		
	Structured Free Play		
Other			

Section 10 | Club Affiliation Agreement

10.1 Club Affiliation Agreement

I, the undersigned, declare I am a duly authorised representative of _____ (the club) and all of the information supplied in this Club Affiliation Form is correct at the time of application.

I understand that the personal information provided in this Club Affiliation Form is collected, used and disclosed in accordance with the relevant Privacy legislation, and that GA may use and disclose personal information provided in this form for the purposes of conducting and administering gymnastics and other related activities, including providing promotional material, complying with legal obligations or otherwise in accordance with the GA Privacy Policy. I understand that GA may share information provided in this form with third parties. I understand that the GA Privacy Policy contains information about how to access and request correction of personal information, or how to make a complaint about the handling of personal information. I understand that Club Affiliation may be rejected if the information is not provided.

I also declare that _____ (the club) agrees to be bound by the Terms and Conditions of Affiliation as detailed in the 2016 Club Affiliation Manual (Chapter 5) and complies with all the National Affiliation Standards as detailed in Section 1. I understand that Club Affiliation is conditional upon meeting and continuing to comply with ALL Affiliation Standards, policies of Gymnastics NSW and Gymnastics Australia in force from time to time and is subject to the approval of the Gymnastics NSW Board.

Signed: _____ <small>Authorised Club Representative</small>	Signed: _____ <small>Witness</small>
Name: _____ <small>Please print</small>	Witness Name: _____ <small>Please Print</small>
Title: _____	Date: _____
Date: _____	

Please Return to:

Gymnastics New South Wales
P.O. Box 190
NORTH STRATHFIELD NSW 2137
membership@gymnsw.org.au

Appendix A: Club Contact Personnel

As per Section 4: Please supply additional staff details:

Name: _____ DOB: _____
Given Name(s) Surname
Position (please circle) _____
Address: _____
Street/PO Box Suburb State Postcode
Contact Numbers: _____
Business Hours Phone Number After Hours Phone Number
Mobile Phone Number Fax Number
Email: _____

Name: _____ DOB: _____
Given Name(s) Surname
Position (please circle) _____
Address: _____
Street/PO Box Suburb State Postcode
Contact Numbers: _____
Business Hours Phone Number After Hours Phone Number
Mobile Phone Number Fax Number
Email: _____

Name: _____ DOB: _____
Given Name(s) Surname
Position (please circle) _____
Address: _____
Street/PO Box Suburb State Postcode
Contact Numbers: _____
Business Hours Phone Number After Hours Phone Number
Mobile Phone Number Fax Number
Email: _____

Name: _____ DOB: _____
Given Name(s) Surname
Position _____
Address: _____
Street/PO Box Suburb State Postcode
Contact Numbers: _____
Business Hours Phone Number After Hours Phone Number
Mobile Phone Number Fax Number
Email: _____

Name: _____ DOB: _____
Given Name(s) Surname
Position _____
Address: _____
Street/PO Box Suburb State Postcode
Contact Numbers: _____
Business Hours Phone Number After Hours Phone Number
Mobile Phone Number Fax Number
Email: _____

Appendix B: Insurance Information

THE FOLLOWING INFORMATION IS RELEVANT TO SECTION 6. TO ENSURE YOUR CLUB AND MEMBERS ARE COVERED WITHIN GYMNASTICS AUSTRALIA'S NATIONAL RISK PROTECTION PROGRAM, PLEASE READ THE FOLLOWING IMPORTANT INFORMATION CAREFULLY.

Gymnastics Australia's National Risk Protection Program (the Program) includes a range of insurance products and services that apply to the following members of Gymnastics Australia and State Associations:

1. GENERAL LIABILITY, PROFESSIONAL INDEMNITY and MANAGEMENT LIABILITY INSURANCE
 - a. General liability, Professional Indemnity and Management Liability cover is provided to affiliated clubs who, upon approval of 2016 Club Affiliation, have paid all applicable insurance premiums within the Program.
 - b. Clubs who are approved and/or pay the premiums PRIOR to 31 March 2016, in accordance with State Association procedures, receive cover from 31 December 2015 to 31 December 2016. For example: a club that is approved on 15 February 2016 will be covered from 31 December 2015 to 31 December 2016.
 - c. Clubs who are approved and/or pay the premiums AFTER 31 March 2016 in accordance with State Association procedures will receive cover from the JOIN DATE* to 31 December 2016. For example: a club is approved or makes payment on 3 April 2016 will receive cover from 3 April 2016 to 31 December 2016.
 - d. Clubs who DO NOT purchase Insurance through the Program (as per Section 4 of the Club Affiliation Form) will be excluded from General Liability, Professional Indemnity and Management Liability cover within the Policy Period. These clubs must comply with the National Insurance Minimum Requirements as outlined in Section 4.

**Note: JOIN DATE refers to the nominated date of the club's affiliation approval. This date is nominated by the State Association and recorded in Gymnastics Australia's National Database.*

**FOR VERIFICATION OF YOUR CLUB'S AFFILIATION STATUS
PLEASE CONTACT YOUR STATE ASSOCIATION**

2. PERSONAL ACCIDENT INSURANCE
 - a. Personal Accident cover is provided to members who are registered on Gymnastics Australia's National Database (GOL) in accordance with the National Membership Database Policy.
 - b. To ensure claims can be processed efficiently, clubs must ensure all participants in gymnastics programs are registered on the National Database (GOL) with all applicable details recorded accurately.
 - c. Personal Accident insurance premiums are built into Gymnastics Australia and State Association membership fees. Clubs are advised to ensure all fees are paid and receipted accordingly for all participants where applicable.

**FOR FURTHER INFORMATION REGARDING PARTICIPANT REGISTRATION PROCEDURES
PLEASE CONTACT YOUR STATE ASSOCIATION**

3. REGISTRATION AND AFFILIATION ENQUIRIES
PLEASE CONTACT YOUR STATE ASSOCIATION OR VISIT THE FOLLOWING WEBSITE:
www.gymnastics.org.au > Member Services
4. INSURANCE ENQUIRIES AND POLICY DETAILS
PLEASE CONTACT JLT SPORT:
WEB: www.jltsport.com.au/gymnastics
EMAIL: jltsport@jlta.com.au
PHONE: 1300 655 684 (free call)

Appendix B: Insurance Information (Cont.)

Statutory Notice

A. YOUR DUTY OF DISCLOSURE - CONTRACTS OF GENERAL INSURANCE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of their business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

B. UTMOST GOOD FAITH

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by the Insurer.

C. NOT A RENEWABLE CONTRACT

Cover under this policy will terminate at expiry of the Period of Insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of the current policy so that terms of insurance and quotation/s can then be developed for your consideration.

D. CHANGE OF RISK OR CIRCUMSTANCES

It is vital that you should advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to the Insurer). For example, acquisitions, changes in location, changes in Gymsport or new activities.

E. CONTRACTUAL LIABILITY

You may prejudice your rights with regard to a claim if, without prior agreement from the Insurer, you make agreement with a third party that will prevent the Insurer from recovering the loss from that, or another party.

Your policy contains provisions that either exclude the Insurer from liability, or reduce their liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under this policy.