

Xtreme rhythmiX

Independent Contractor - Coach Enrolment Form

Name: Age: Under 15yrs 15-17yrs 18-19yrs
Mobile: 20-24yrs 25yrs or older (select one)
Email: Are you GST Registered? Yes No
Address: GST No. if registered:

Emergency Contact (Name, number and relationship):

Allergies:

Current NZ Coaching Qualification (including year obtained):

Do you hold a current First Aid Certificate: Yes No (select one) If you answered yes, please provide a scanned copy for our records

Do you hold any other qualifications you feel may be relevant to coaching Rhythmic Gymnastics? e.g. Judging qualifications

Please advise the number of years you have been involved in coaching Rhythmic Gymnastics and to what level?

Have you ever been appointed by GSNZ as a Rhythmic Gymnastics coach for the NZ team on an international tours? If yes, please provide detail

Have you competed in Rhythmic Gymnastics and to what level?

Any other information you feel may be relevant

Bank Account Number for payment of timesheet invoices:

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Name on Bank Account:

Terms and Conditions:

1. Payment will be made on the 5th and 20th of each month unless otherwise notified by the Xtreme rhythmiX Treasurer or committee member. **Timesheet invoices must be submitted by the 1st and 15th of the month**, to be paid by the 5th and 20th respectively, to xtremertreasurer@gmail.com, invoicing.xtremerg@gmail.com, and your head coach for approval.
2. The head coach or a delegate appointed by the committee must verify all coaching hours prior to any payment being made. Please copy your above email to this person at the same time for approval.
3. Xtreme rhythmiX takes no responsibility for the payment of taxes on this income. It is up to the individual to declare this income to the Inland Revenue and ensure any tax to or associated payments are made. The below link will assist you in meeting your tax obligations as an independent contractor.
<https://www.ird.govt.nz/resources/b/8/b80a264e-a983-407b-babb-8348e379d54a/ir963.pdf>

I agree to the Terms and Conditions ✓/✗ (delete one)

Signed:

Date:

Xtreme rhythmiX Committee Use only	
Squad/Class:	Pay Rate:
Coach notified:	Details updated:

Form version 22.1.17