

# **LIGHTNING FENCING CLUB**

**Winnipeg, Manitoba CANADA**

## **MEMBERSHIP REGISTRATION**

**NAME:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST LAST INITIAL

**ADDRESS:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STREET CITY PROVINCE POSTAL CODE

**PHONE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
HOME CELLULAR WORK FAX

**EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **GENDER:** F  M

yyy mm dd  
**NEW MEMBER:** \_\_\_\_\_ **RENEWAL:** \_\_\_\_\_ **CFF Reg. No.** \_\_\_\_\_

**MEMBERSHIP CATEGORY:** Full Season  Special 10 Session Intro Course

**NEW MEMBERS ONLY: How did you hear about us?** Winnipeg Leisure Guide   
Newspaper  TV/Radio  Internet  Friend/Family  Summer Camp  School Program  Other

**PRIVACY POLICY:** All personal information supplied to the Lightning Fencing Club (hereafter referred to as "LFC") is collected in confidence. The information collected will be used to assist with the organizing, planning and reporting of fencing activities. The information collected will not be sold or shared with other parties.

**ASSUMPTION OF RISK:** I/we do hereby acknowledge that not unlike many other sports, participation, in fencing may involve inherent physical risks. I/we understand that the Lightning Fencing Club, including all executive members, coaches, officials, employees, athletes, volunteers, and independent contractors take care and consideration to ensure that these risks are minimized during all Lightning Fencing Club activities and programs. I/we also acknowledge that my personal actions/behavior may contribute to these risks and I/we accept responsibility to ensure my actions do not contribute to further risk of injury to myself or other participants.

**SIGNATURE OF REGISTRANT:** \_\_\_\_\_

**Athlete Allergies or Medical Conditions:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Parent or guardian if under 18 years of age) yyy/mm/dd

### **Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Tel./Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Tel./Cell:** \_\_\_\_\_

### **Club use only:**

**Fee Paid:** \_\_\_\_\_ **Method:** Cash  Cheque  Bank \_\_\_\_\_ **Cheque #** \_\_\_\_\_

**Documents:** Photo  Waiver

**Initial:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

**Notes:** CFF and MFA fees are non-refundable.

Receipts will be issued to the parent/guardian who filled out this form for an underage participant.