

# LIGHTNING FENCING CLUB

## Winnipeg, Manitoba, Canada

### MEMBER REGISTRATION

**Name:** \_\_\_\_\_  
First Last Initial

**Address:** \_\_\_\_\_  
Street City Province Postal Code

**Phone:** \_\_\_\_\_  
Home Cellular Work

**Email(s):** \_\_\_\_\_  
(more than one email address can be provided)

**Date of Birth:** \_\_\_\_\_ **Gender:** M \_\_\_\_\_ F \_\_\_\_\_  
Year Month Day

**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) Year Month Day

**Emergency Contact:**

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

**Club Use Only:**

Fee Paid: \_\_\_\_\_ Method: Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Bank \_\_\_\_\_ Cheque # \_\_\_\_\_  
 Documents: Photo Form \_\_\_\_\_ 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.

# ***Lightning Fencing Club Waiver***

## **Code of Conduct & Policies**

I acknowledge that I have read and understand the Lightning Fencing Club, Code of Conduct & Policies, and agree to be bound by them and any other rules of the club.

## **Assumption of Risk**

I understand that any athletic activity involves physical exertion and risk of injury, and that the sport of fencing may involve aggressive physical contact with other participants. I assume the risk of any injury or other medical condition arising as the result of my participation in any athletic activity in which I engage at the Lightning Fencing Club. I understand that it is my responsibility to wear appropriate clothing to all classes, practices & competitions. I understand that I am responsible for my own safety and for comporting myself in a safe manner at all times.

## **Liability Release**

I agree to indemnify and hold harmless, and hereby release the Lightning Fencing Club and its officers and directors, coaches, instructors, chaperones, members, and other participants from all claims, liability, demands, or actions of any kind in connections with my participation in any class, practice, clinic, competition, or other activity that I may attend at the Lightning Fencing Club, or any other athletic or training activities endorsed by the Lightning Fencing Club on or off of the club premises. This includes, but is not limited to, claims, liability, demands, or actions for personal injury or property, damage or loss.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian's Signature  
(if Participant is under 18 years of age)

Date: \_\_\_\_\_  
yyyy/mm/dd

## **Lightning Fencing Club**

### Photo Permission Release Form

Dear participant/parent,

Photos are quite often taken of the participants of our club. Written permission is required to make this possible. Please check the appropriate boxes and sign this form, giving the club permission to take and use photos.

Lightning Fencing Club has permission to take and display photos for the following uses: *Please check the appropriate boxes.*

- The club does not have permission to take photos of me/ my child.
- Member Services (certificates, photos)
- Media use
- Club promotion only (website, internal use)

Participant's name: \_\_\_\_\_

Name of parent/guardian if participant is under the age of 18.

\_\_\_\_\_

Signature of participant or parent/ guardian if the participant is under the age of 18.

\_\_\_\_\_

Date: \_\_\_\_\_

**This form is valid for the 2018-2019 fencing season. This agreement may be rescinded by the signatory at any time. If a photo is considered for use in advertising, the subject(s) will be expressly notified and will have an opportunity to withdraw participation at that time.**