

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.*

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

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 2016-2017 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.