

# EGHAM FENCING CLUB



## Membership Form (under 18s)

We are very pleased to welcome you to the club.  
Please fill out this form and give it back to the coach. Please ask your parent or carer to complete the form before it is returned.

By becoming a Member of Egham Fencing Club you are agreeing to comply with the requirements of the Club's Constitution and Codes of Practice. If you break any of these requirements, your membership may be suspended or cancelled. If you have any questions about this, please ask the coach.

### Junior Membership Fees (please select):

- Quarterly Membership: £60.00   
Monthly Membership: Payable by Standing Order £21.00   
Nightly Membership: £5.00   
(If paying by cheque please make payable to "Egham Fencing Club")

### Personal Details

Name: .....

Address: .....

..... Postcode: .....

Date of birth (dd/mm/yy): ..... Local Authority .....

Home Telephone: ..... Gender: M  F

Emergency Contact (Name) .....

Emergency Contact (Tel.) .....

Email (of your parent/carer) .....

### Sporting information

If you have fenced before, please list the clubs, schools, levels and age group:

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### Medical information

Please detail below any important medical information that our coaches should be aware of (e.g. visual or hearing impairment, physical or learning disability, epilepsy, asthma, diabetes etc.):

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### To be completed by parent or carer

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the Club. I acknowledge that by becoming a Member of Egham Fencing Club that my son/daughter/child in my care is required to comply with the Rules of the Club and that if he or she fails to comply with those requirements his or her membership may be suspended or cancelled. I also agree to comply with the Club's Code of Practice for Parents and Carers.

I understand that it is my responsibility to keep the Club updated with all relevant information, including emergency contact and medical details. Egham Fencing Club will use the information you provide to it for the management and administration of the Club. The information will also be used to ensure that you and your son/daughter/child in your care are kept informed about Club events and activities.

I also understand that photographs and videos of Club Members taking part in Club activities and others attending Club activities may be taken. I will bring to the attention of the Club if I or my son/daughter/child in my care object to their photograph being taken and will then expect the Club to make reasonable efforts to prevent such pictures of us being taken. However, I understand that the Club cannot guarantee this.

I consent to the Club using appropriate photos and videos of my son/daughter/child in my care relating to the promotion and marketing of the Club and its activities. Yes  No

I understand that in the event of injury or illness, all reasonable steps will be taken to contact me, and I give my permission for the Club, first aiders and/or any medical authorities present, to administer any appropriate or necessary medical attention.

Egham Fencing Club, its coaches, instructors or its Members shall not, in any circumstances whatsoever, be under any liability to the applicant for any loss, damage or injury (including death), whether accidental or otherwise, arising during or resulting from participation in fencing activities with the Egham Fencing Club premises or on the Club's behalf.

**Name of parent/carers:** .....

**Signature of parent/carers:** ..... **Date:** .....

### Equity (optional questions)

EFC is committed to promoting and developing sports equity. Your answers to the following optional questions will allow the Club to monitor its membership and assist any equality and diversity plans and programmes.

#### Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

**Do you consider your son/daughter/child in your care to have a disability?** Yes  No

**If yes, what is the nature of his/her disability?**

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