

Club des Artistes Registration Form



Name _____
 (Family) _____ (Given) _____ (Title) _____
 Address _____ Date of Birth (if Under 18) DD/MM/YYYY

 _____ Contact phone (day)* _____
 _____ Contact phone (night)* _____
 Post Code _____ Contact email* _____
 (*details of parent/guardian if fencer is under 18)

How did you hear about us? _____

School/College Attended _____
 (Eligibility for certain fencing events is dependant on place of residence OR educational establishment attended) _____

Application Type Adult Junior Young Zorro Adult Novice Junior Novice

British Fencing Membership N^o _____ Weapon(s) Fenced _____

Gender _____ Hand _____ Chest Size _____
 (M/F/Other) _____ (L/R/Ambi) _____
 XXL = 50"-56"/127cm-142cm
 XL = 46"-49"/117cm-125cm
 L = 42"-45"/107cm-114cm
 M = 38"-41"/96cm-104cm
 S = 34"-37"/86cm-94cm
 XS = <34"/86cm

Terms & Conditions

1. Temporary membership of CdA will be conferred on those enrolled on any course organised by or on its behalf.
2. Neither CdA, its coaches, instructors nor members shall, 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 within the Club premises or on the Club's behalf.
3. Membership fees are non-refundable. If you are unable to attend a course in which you are enrolled then, provided notification is received by email (info@cdafencingclub.co.uk) 7 clear days before the date of the first session, we will make a full refund of any fees paid. **NO** refunds will be made once the course has started.

Data Protection/Photography/Videography

Personal details of applicants may be kept on computer but will not be disclosed to any third party. From time to time photographs or video might be taken to assist in training .or for publicity purposes, including Internet publicity. Where possible or practical, images will be anonymised before publication.

Medical Disclaimer

Fencing is a contact sport which can involve considerable physical activity. If you have any doubts about your/your child's ability to participate please consult a doctor. If there are any medical issues about which we should be aware (epilepsy, allergies, hearing loss etc) please provide details on the reverse of this form.

I am not aware of any medical condition which might affect my/my child's ability to participate in fencing.

_____ (please sign)

Declaration / Consent

I have read and understood the above information and agree to abide by the Terms and Conditions as stated.

Signature Date

Additional Medical Information	
--------------------------------	--

This information will remain Confidential and will only be retained for as long as necessary. It is only useful if it is up to date so please advise us promptly of any changes

Next of Kin	
Relationship to Fencer	
Emergency Contact details	
Name of GP and Address of Surgery	
Telephone Number	

Please advise us of any medical conditions relevant to exercise and/or fencing, e.g. diabetes, epilepsy, allergies, asthma, sensory problems, migraine, heart conditions, ADHD.

Please also advise us if any medication is taken by you/your child that we might need to know about in an emergency e.g. inhalers, migraine tablets, epilepsy tablets, etc.

The information provided above is correct to the best of my knowledge and I undertake to advise the Club of any significant changes as soon as possible. I understand that Fencing is a physical Activity and that Club des Artistes, its coaches, instructors, Members and volunteer helpers shall not be under any liability for any loss, damage or injury (including death), whether accidental or otherwise, arising during or resulting from participation in fencing activities with the Club or on the Club's behalf.

Signature _____ (Parent or guardian if fencer is under 18)	Date _____
---	------------