MX FENCING CLUB – 2021/2022

Participation Form – New Member/Current Member

This form details the data we will hold. Please complete in full.

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| **FENCER DETAILS** | |  |  | | | |
| Name |  | | | | |
| Address |  | | | M/F |  |
|  | | | Date of Birth |  |
| Post Code |  | | | Session(s) you attend |  |
| E-mail address |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **GUARDIAN DETAILS/Emergency Contact** | |  | | | | | |
| Parent/Legal Guardian/ICE First Name & Surname | Mr/Mrs/Miss/ Ms/Other | | |  | | | |
|  | Home Phone | | |  | | Mobile |  |
| If you are the Parent/Guardian of an existing or previous member, please name them here. | | | |  | | | |
| Second Emergency Contact Name | Mr/Mrs/Miss/ Ms/Other | | |  | | | |
| Relationship | Parent/Guardian | | 🞏 | Grandparent | 🞏 | Mobile |  |
| Other relative | | 🞏 | Friend/Other | 🞏 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MEDICAL DETAILS | |  | | |
| Do you consider your child/yourself to have a disability? | | | | Yes / No |
| If yes, please give details. | | | | |
| To ensure your child’s/your safety please advise us of any relevant illness, medication injury, and/or Special needs: | | | | |
| Asthma or respiratory problems  Circulatory or Heart problems  Diabetes  Allergies  Other | Y/N  Y/N  Y/N  Y/N  Y/N | | Doctor | |
| Address | |
|  | |
| Phone | |

|  |  |  |  |
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| CONSENT FOR MEDICAL TREATMENT | |  | |
| I give permission to the coach in charge to consent, on my behalf, to any medical treatment deemed necessary. (Including the administration of general anaesthetic and blood transfusion). | | | |
| Name |  | | |
| Signed | | | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PHOTO PERMISSION | |  | | |
| I give permission for my child/myself to be photographed for club purposes including press releases, publicity, website, social media and fund-raising. | | | | YES / NO  Yes |
| Name |  | | | |
| Signed | | | Date | |

|  |  |  |  |
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| FEES | |  | |
| MX FENCING CLUB offers two options of payment Standing order termly or nightly Please select your choice below. | | | |
| Standing Order Termly 🞏 | Nightly Payment 🞏 | |

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| PARTICIPATION AGREEMENT | |  | |
| Fencing activities have an inherent risk of injury and although the club will endeavour to minimise any risk, accidents may still happen. It is incumbent on all members to abide by the safety rules and codes of conduct at all times. In signing this participation agreement, I declare that I understand the element of risk and I am willing to permit my child/myself to participate and will adhere to the safety rules and codes of conduct. | | | |
| Name |  | | |
| Signed | | | Date |

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| MEMBERSHIP AGREEMENT | |  | |
| I, being the Parent/Legal Guardian (for U18s) of, ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to him/her/myself commencing their/my membership with MX Fencing Club.  **I understand that:**   * **4 weeks’ notice of intention to leave is required.** * **Where written notice is not given, half a term’s fees in lieu of notice will be charged.**   I agree to abide by, and ensure my child (if applicable) adheres to Club Codes of Conduct and Guidelines. | | | |
| Name |  | | |
| Signed | | | Date |

**DATA PROTECTION**

The information on this form will be held in accordance with the Data Protection Act 1998. The data will be used for MX Fencing Clubs administration. The information will be shared with the Club Administrators, British Fencing, and authorised third parties. The information may be held in both paper and electronic form and we will endeavour to keep your personal data safe and secure. The data will be kept for no longer than 5 Years from end of membership and will be disposed of securely. Please note that by signing the form you are giving your explicit consent for the data collected about you to be recorded and used for these purposes.