

EnGarde Fencing Club Website: fencingfun.com

EGF is a non-profit organization operated by Volunteers

Date (MM/DD/YY) _____

Fencer's Last Name _____ First Name _____

Street _____ City _____ Postal Code _____

Home Phone _____ Work Phone _____ Cell _____

Email _____ Emergency Contact _____ Phone _____
(If registering a child, must be parent's email)

Birth Date (MM/DD/YY) _____ Age _____ Sex (circle) Male Female

Registering for _____ classes on _____
(Beg or Intermediate) (Days and Times)

Years of Fencing Experience _____

AFA Membership Type (Required for all fencers, valid from September to August)

____ Competitive (\$50) Enter competitions in the AFA, CFF, and out of province circuit.
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____ Associate (\$15) Partake in classes/events at club and/or events not included in AFA Circuit. For coaches, referees and supporters of the AFA.

Fee \$ _____ Receipt Required? Yes or No Cheque # _____

- Yes - I am willing to do volunteer 6 hours and will provide a commitment cheque of \$200 that will be returned once my commitment has been completed. A registration is not complete until the volunteer cheque is received.
- No - I do not want to volunteer but will provide a cheque for \$200.00 that will be cashed in lieu of doing volunteer hours.

Please advise of any medical conditions _____

I, the undersigned, release the EnGarde Fencing Club, its coaches, directors and membership from any legal recourse or remuneration in the event of injury or death directly or indirectly related to the facility, coaches or membership. I, the undersigned, also consent and agree to follow the safety rules and regulations set out by the EnGarde Fencing Club and its coaches at all times while in the facility or while representing the club abroad. I further agree to abide by the rules and regulations of the Alberta Fencing Association as they apply to me.

Signature _____ Date _____
(If under the age of 18, the signature must be of parent or guardian)

Printed Name of Parent/Guardian
