



Membership Registration

| | | | | | | |
|-----------------|-----|-----|-----|-----|---------|----------------------|
| Term 1 sessions | SEP | OCT | NOV | JAN | receipt | <input type="text"/> |
| Term 2 sessions | FEB | MAR | APR | MAY | receipt | <input type="text"/> |
| CFF PAID | | | | | | |

Red Deer Fencing Club

PO Box 25002 Deer Park PO Red Deer, AB T4R 2M2 403-358-6828

please do not fill in shaded areas of this form

| | | |
|---|--|--|
| <input type="text"/> <i>First Name</i> | <input type="text"/> <i>Middle Name</i> | <input type="text"/> <i>Last Name</i> |
|---|--|--|

Male Female Birthdate Age on December 31

Y Y Y Y M M D D

Street Address

| | | |
|-------------------------------------|---|--|
| <input type="text"/> <i>City</i> | <input type="text"/> <i>Province</i> | <input type="text"/> <i>Postal Code</i> |
|-------------------------------------|---|--|

member contact information or if for a member under 18 years of age parents or guardian contact information

Phone: - - e-mail
 Cell Phone

Name of parent or guardian for a member under 18 years

| | | | | | | | |
|--|---|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="text"/> <i>AFA No.</i> | <input type="checkbox"/> <i>non-competitive</i> | <input type="checkbox"/> <i>competitive</i> | <input type="checkbox"/> <i>U13</i> | <input type="checkbox"/> <i>U15</i> | <input type="checkbox"/> <i>U17</i> | <input type="checkbox"/> <i>U20</i> | <input type="checkbox"/> <i>Adult</i> |
|--|---|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|

Medical Conditions

Emergency Contact (Name and Phone Numbers)

I, or said child, do hereby release, indemnify and save harmless The Red Deer Fencing Club; The Alberta Fencing Association; and The Canadian Fencing Federation; their executives and instructors; any and all of them from any claim which I, or said child, may have as a result of participation. I, or said child, acknowledge that this activity has inherent dangers and I, or said child, do assume all risks and hazards incidental to this activity and hereby waive all claims I, or said child, may have against the above mentioned organizations or individuals. Payment of the registration fee, either in person or by agent, is an acknowledgment of any and all risks involved in this activity and a waiver of any claim.

| | |
|---|-------------------------------------|
| <input type="text"/> <i>Signature of Applicant or parent or guardian for a member under 18 years</i> | <input type="text"/> <i>Date</i> |
|---|-------------------------------------|

| Fees | Date | Day | Signature - Red Deer Fencing Club |
|------|------|-----------------|-----------------------------------|
| | / / | Mon Wed Thu Fri | |
| | / / | Mon Wed Thu Fri | |