

## MEMBERSHIP FORM (CHILD)

Name	
Address	
Mobile phone	
E-MAIL	
Date of Birth	
Would you like to receive <a href="#">WhatsApp</a> texts?	No                      Yes, my number is
How did you hear about us	website    friends    flyers    social media    other

Are there any **medical conditions** our coach should be aware of.....?

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

I explicitly consent on behalf of my child to Pembroke Fencing Club keeping a record of any medical conditions described above, in line with the Pembroke Fencing Club Privacy Statement, for the purposes of ensuring the safety of my child.

**Photographs.** I understand that photographs will be taken during or at sport related events and may be used in the promotion of sport.

Please circle membership type	Fee for 1 class a week	Fee for 2 classes a week	Fee for 3 classes a week
1 <sup>st</sup> term (Sep-Dec)	€ 210	€ 390	€ 585
2 <sup>nd</sup> term (Jan-May)	€ 280	€ 520	€ 780
Year (Sep-May)	€ 490	€ 910	€ 1365

**Rent the gear: annual fee - €80, per term €40. Refundable deposit is € 100.00**

### WAIVER OF RIGHTS BY PARENT OR GUARDIAN

Fencing is amongst safest of all sports, and there is a little chance of any injury. However, in order to conduct this Club, we need to require following condition: By signing this Waiver, I agree that I will not hold or attempt to hold Pembroke Fencing Club liable for any personal or other injury suffered by child or any loss or damage suffered by my child at any time during any activities organized by, hosted or supervised by Pembroke Fencing Club. I understand that signing this document means that I have waived the rights of my child to sue to recover damages from Pembroke Fencing Club for personal or other injury in the Irish Courts or to sue to recover damages from them in respect of any loss or damage sustained.

### PARENTAL/GUARDIAN CONSENT

I am the Parent/Guardian of.....

I confirm that all details are correct and I am able to give parental consent for my child(ren) to participate in and travel to all activities.

By signing this form, I am consenting, on my child's behalf, to Pembroke Fencing Club using the personal data of my child provided in this form for the purposes set out in Pembroke Fencing Club's Privacy Statement.

I was noticed that all fees are nonrefundable.

I have read (at PFC website) and agree to the following:

- PFC policies and Waivers
- PFC code and Conduct
- PFC Privacy Statement
- Data Protection and Privacy Notion
- Self-Health Assessment (need to be signed and electronically sent back)

A copy of the PFC Privacy Statement is available on the PFC website, and is also available on request from Olga Velma.

SIGNATURE

SIGNED NAME

Fees are payable by cash or cheque to "Pembroke Fencing Ltd". Please put the payment along with membership form into an envelope and hand it to Olga Velma.