

MEMBERSHIP FORM (CHILD)

Child's Name and Surname	
Address	
Mobile phone	
E-MAIL	
Date of Birth	
Would you like to receive WhatsApp 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 permit 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, to ensure 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 the membership type	Fee for 1 class a week	Fee for 2 classes a week	Fee for 3 classes a week
1 st term (Sep-Dec)	€ 210	€ 390	€ 585
2 nd term (Jan-May)	€ 280	€ 520	€ 780
Year (Sep-May)	€ 490	€ 910	€ 1365

Rent the gear: annual fee - €100, fee per term €50. A refundable deposit is € 100.00

WAIVER OF RIGHTS BY PARENT OR GUARDIAN

Fencing is amongst the safest of all sports, and there is little chance of any injury. However, to conduct this Club, we need to require the 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 the 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 can 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 noticed that all fees are non-refundable.

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

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

INSURANCE I acknowledge and understand that Pembroke Fencing Club is affiliated with Fencing Ireland. I agree that it is a condition of membership of Pembroke Fencing Club that I become a member of Fencing Ireland on or before I join, or join on behalf of my child/ward. Fencing Ireland's website is <https://irishfencing.net/membership/buy-a-membership/>

A copy of the PFC Privacy Statement is available on the PFC website.

SIGNATURE

SIGNED NAME

Fees are payable by cash, cheque to "Pembroke Fencing Ltd" or bank.