

# Charles Sturt Fencing Club Membership Application Form



## Personal Details

First Name	Last Name	
Date of Birth	Country of Birth	
Address		
Suburb	State	Postcode
Mobile	Home Phone	Work Phone
E-mail		

## Emergency Contact

Name	Relationship	
Mobile	Home Phone	Work Phone
E-mail		

## Health Information

Please indicate if you have any of the following medical conditions by placing a tick next to the relevant issue.

- |  |   |
|--|---|
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Cardiovascular Condition |
| <input type="checkbox"/> Joint Surgery           | <input type="checkbox"/> Contagious Diseases      |
| <input type="checkbox"/> Neurological Condition  | <input type="checkbox"/> Hearing Impairment       |
| <input type="checkbox"/> Respiratory Condition   | <input type="checkbox"/> Visual Impairment        |
| <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Diabetes                |   |

If you selected any of the conditions above then please provide the relevant details below (including any treatment or management plan information):

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## Membership Fees

Membership commences from the date of this form once payment has been received. Membership is charged annually per calendar year or part thereof.

<b>SENIOR</b> Standard adult membership	<b>\$300+</b>	<input type="checkbox"/>
<b>JUNIOR</b> Under 20 years old or a full-time student of a recognised tertiary education institution	<b>\$170+</b>	<input type="checkbox"/>
<b>FAMILY</b> Senior and Junior memberships for two adults and two children	<b>\$520</b>	<input type="checkbox"/>
<b>BEGINNER'S COURSE</b> For those undertaking a learn to fence course with us, either directly or through the WEA	<b>\$100</b>	<input type="checkbox"/>
<b>SCHOOL TERM</b> For children undertaking a term of school fencing. <b>CIRCLE DAY:</b> THURS / SAT	<b>\$130</b>	<input type="checkbox"/>

+ Individual fee per annum is \$400 if not licensed or registered with Fencing SA as a CSFC member.

## EFT Details

**Bank:** Bank SA  
**BSB:** 105-148  
**Account Number:** 026980640  
**Reference:** Your Surname

## Indemnity

I, the undersigned, hereby agree to indemnify Charles Sturt Fencing Club Inc and its members against any claims made by me for loss or injury sustained as a result of my participation with Charles Sturt Fencing Club Inc and my presence on its premises.

I will fence using the instructed techniques and safety equipment supplied, according to the Rules for Competition as codified by the Federation Internationale d'Escrime, Australian Fencing Federation, Fencing SA, Charles Sturt Fencing Club and the Adelaide Fencing Centre and fully accept that I participate at my own risk.

In the event of an emergency, accident or illness to me, I hereby give permission to Charles Sturt Fencing Club Inc to seek medical, ambulance or hospital attention, as required, and accept full responsibility for all expenses incurred in doing so. In the event of a medical emergency, I also consent to me receiving any medical, surgical or anaesthetic care which may be needed, determined by the appropriate medical practitioner or hospital authority, to which I have been taken for such care.

## Registration Declaration

I acknowledge that I am registered or licenced with Fencing SA and understand that I cannot fence at CSFC or the Adelaide Fencing Centre if my registration or licence with Fencing SA is not current unless I am currently participating in a beginner's course.

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Signature

Name

Date