

Dingwall Fencing Club

Membership Form

Name _____

Address _____

Postcode _____

Preferred Tel: _____

Email: _____

Date of Birth: _____

Emergency Contact: _____

Emergency Tel: _____

If under 16 Parent Name: _____

Parent Tel: _____

Medical Conditions: _____

Personal details of any members of Dingwall Fencing Club are never disclosed to third parties

British Fencing Association Member Number: _____

Members must be a BFA member for Insurance Cover

I accept that Dingwall Fencing Club, it's coaches, instructors and members cannot be held responsible for any loss, damage or injury sustained while participating in fencing activities at Dingwall Fencing Club. I agree to pay the relevant membership fee.

I am 16 or over

or

I am signing as parent/guardian

Signed: _____ Date: _____

Enquiries: dingwallfencing@gmail.com or Shivonne MacLean 07411 343437