



## Dingwall Fencing Club Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

BF Number (BF membership is required for insurance whilst fencing): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

If under 16, Parent/Gaurdian name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Any medical conditions or other factors which the club should be aware of:

\_\_\_\_\_

I accept that Dingwall Fencing, its officers, volunteers and other club members cannot be held responsible for any loss, damage or injury sustained whilst participating in fencing activities as part of the club. I agree to abide by the rules, constitution and code of conduct of the club. I agree to pay the appropriate membership fee.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Gaurdian signing on behalf of child under 16 (please tick)

*Personal details of club members will not be disclosed to third parties except as required by law.*

Completed forms should be returned to a club official or emailed to [info@dingwallfencing.com](mailto:info@dingwallfencing.com)

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For official use only

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_