



## westdale fencing club adult membership form

**name:** \_\_\_\_\_

**birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd) (mm) (yyyy)

**gender:** male

female

**citizenship:** \_\_\_\_\_

**mailing address:** \_\_\_\_\_  
\_\_\_\_\_

**telephone:** \_\_\_\_\_

**email:** \_\_\_\_\_

**are you currently on the WFC mailing lists:** yes  no

### emergency contact information

**name:** \_\_\_\_\_

**relationship:** \_\_\_\_\_

**phone[day]:** \_\_\_\_\_

**phone[evening]:** \_\_\_\_\_

**are you a:** new member  renewing member

**year joined WFC:** \_\_\_\_\_

**club use only:**

membership

travel

OFA



are you currently a member of a fencing club other than WFC?    yes     no

if *yes*, please provide club name: \_\_\_\_\_

please list any other coaches with whom you are currently working: \_\_\_\_\_

is WFC your primary (competition) or secondary club?    P     S

if *secondary*, please list your primary affiliation: \_\_\_\_\_

CFF license number: \_\_\_\_\_    FIE license number (if applicable): \_\_\_\_\_

**in which WFC programme(s) are you enrolled:**

recreational

competitive

elite

HP

drop-in

intro

*\*please note that monthly fees are non-refundable. fees paid termly will be returned on a pro-rated basis in the event that you no longer wish to participate in our programmes.\**

do you hold any coaching qualifications?    yes     no

if *yes*, please list: \_\_\_\_\_  
\_\_\_\_\_

do you currently hold any refereeing qualifications?:    yes     no

if *yes*, please list: \_\_\_\_\_  
\_\_\_\_\_



## westdale fencing club

### **ADULT'S CONSENT TO PARTICIPATE AND RELEASE FORM**

I, the undersigned, do hereby state that I wish to participate in training and fencing activities within the organization known as "The Westdale Fencing Club" (hereafter known as "the Club").

The Club has rules which govern and may restrict the activities in which I can participate, and a Code of Conduct which I have read, and to which I agree to abide. The Club makes no representations or claims as to the condition or safety of the equipment, land, structures or surroundings, whether or not owned, leased, operated or maintained by the Club.

I understand that all activities are voluntary and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating voluntarily, I accept and assume the risk of injury to myself or damage to my property. I understand that the Club does not provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own healthcare needs, and for the protection of my property.

In exchange for allowing me to participate in these Club activities and events, I agree to release from liability, agree to indemnify, and hold harmless the Club, and any Club agent, officer or Club representative acting within the scope of their duties, for any injury to my person or damage to my property.

This release shall be binding upon me, my successors in interest, and/or any person(s) suing on my behalf. I have read the statements in this document. I agree with its terms and I have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the Club, its officers, agents and/or employees.

In consideration of acceptance of my participation in this sporting or recreational activity, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, parents or guardians consent and grant permission to Westdale Fencing Club Inc., its or their respective officers, agents, representatives and/or assigns to use (without, for greater certainty, any further consent or fee being required) any photograph, videotape or other electronic recording device of my image taken, filmed or recorded during, or in connection with, my participation in this event, for any promotional, training, news or other purpose.

**I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.**

Legal Name: \_\_\_\_\_  
(*print*)

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

Telephone: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
(*signature*)

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



## Westdale Fencing Club Health History Questionnaire

Today's Date: \_\_\_\_\_

### General Information

Name: \_\_\_\_\_ Gender: M F (circle one) Date of Birth: \_\_\_\_\_

### Emergency Contact Information

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

Phone (home): \_\_\_\_\_ Phone (work or cell): \_\_\_\_\_

### Health Information

Please answer the following questions about your medical history. Explain all "yes" responses at the bottom of the page.

1. Have you had or do you currently have:

- |  |                    |
|--|--------------------|
| a. A physical examination within the past year?  | Y / N / Don't Know |
| b. An injury or illness since your last exam?  | Y / N / Don't Know |
| c. A chronic or ongoing illness (such as diabetes or asthma)?                            | Y / N / Don't Know |
| 1. If yes, do you use an inhaler or other prescription medicine to control this illness? | Y / N / Don't Know |
| d. Any prescribed or over the counter medications that you take on a regular basis?      | Y / N / Don't Know |
| e. Surgery, hospitalization or any emergency room visit(s)?                              | Y / N / Don't Know |
| f. Any allergies (to medications, bee stings, pollen, latex or food)?                    | Y / N / Don't Know |
| 1. If yes, what type of reaction do you have: Rash? Hives? Other?                        | Y / N / Don't Know |
| 2. If yes, do you take any medication/epipen for allergy symptoms?                       | Y / N / Don't Know |
| g. Any anemias or blood disorders?   | Y / N / Don't Know |
| h. Do you bruise easily?   | Y / N / Don't Know |
| i. Have you ever been in a car accident?   | Y / N / Don't Know |

2. Have you had or do you currently have any of the following *head-related* conditions:

- |   |                    |
|---|--------------------|
| a. Concussion requiring a physician's evaluation? | Y / N / Don't Know |
| b. A seizure?                                     | Y / N / Don't Know |
| c. Frequent or severe headaches?                  | Y / N / Don't Know |
| d. Migraines?                                     | Y / N / Don't Know |
| d. Frequent or severe dizziness?                  | Y / N / Don't Know |

3. Have you had or do you currently have any of the following *neuromuscular/orthopedic* conditions:

- |   |                    |
|---|--------------------|
| a. A pinched nerve?   | Y / N / Don't Know |
| b. A sprain or strain? (answer below: first, second or third degree)    | Y / N / Don't Know |
| c. Swelling in muscles, tendons, bones or joints?                       | Y / N / Don't Know |
| d. Pain in muscles, tendons, ligaments, bones or joints?                | Y / N / Don't Know |
| e. A dislocated joint(s)?   | Y / N / Don't Know |
| f. Fracture(s) or stress fracture(s)?                                   | Y / N / Don't Know |
| g. Broken bone(s)?  | Y / N / Don't Know |
| h. Do you wear any protective braces or equipment for any prior injury? | Y / N / Don't Know |
| i. Upper or lower back pain?  | Y / N / Don't Know |
| j. Knee problems?   | Y / N / Don't Know |
| k. Shin splints?  | Y / N / Don't Know |
| l. Shoulder problems?   | Y / N / Don't Know |

