



westdale fencing club youth 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]: _____

phone [cell]: _____

medical

allergies: _____

reaction: _____

medical conditions: _____

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:

youth

youth competitive

hp

drop-in

recreational

elite

please note that monthly fees are non-refundable. fees paid termly or yearly 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

MINOR'S CONSENT TO PARTICIPATE AND RELEASE FORM

_____ (hereafter referred to as "the minor")
(*Print Minor's Legal Name*)

does hereby state that the minor wishes to participate in activities sponsored by the organization known as The Westdale Fencing Club (hereafter "the Club").

The Club has rules which govern and may restrict the activities in which the minor can participate, and a Code of Conduct which both myself and the minor have read, and to which we agree to abide. The Club is not responsible for any member's conduct or actions outside of the instructional setting of the organization. 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.

The minor's parent(s) or guardian(s) understand that all activities are VOLUNTARY and that the minor does not have to participate. It is understood that these activities are potentially dangerous or harmful to the minor's person or property, and that by participating, the minor's parents(s) or guardians(s) voluntarily accepts and assumes the risk of injury to the minor or damage to the minor's property.

It is understood that the Club does NOT provide any insurance coverage for the minor's person or property except that as provided by the minor's membership with Ontario Fencing Association; and minor's parent(s) or guardian(s) acknowledge that they are responsible for the minor's safety and the minor's own healthcare needs, and for the protection of the minor's property.

In exchange for allowing the minor to participate in The Club's classes, instructional programmes and practices, commencing on the date below at any of the Club's facilities for these activities and events, the minor by and through the undersigned, agrees to release from liability, agrees to indemnify, and hold harmless the Club, any Club agent, officer or Club employee acting within the scope of their duties, for any injury to the minor's person or damage to the minor's property. This Release shall be binding upon the minor, the parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.

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.

The minor's parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the Club, its officers, agents and/or employees.



ACKNOWLEDGMENT OF PHYSICAL HARM

To be signed where the Participant is under the age of 18:

I, _____, ("Minor Participant"), born _____ (*Month/Date/Year*), acknowledge and understand the existence of risk to myself from personal injury, including death, as a result of participating in the Westdale Fencing Club ("the Club") and from using equipment belonging to the Club, its officers, employees, instructors, representatives, and members, and any or all persons present in or about the said Club's practices.

I understand that such injuries, including but not limited to electric shock, stab wounds, and death, may occur while participating in activities sponsored completely or in part by the Club, the Canadian Fencing Federation, and/or the Ontario Fencing Association, including but not limited to receiving lessons, participating in tournaments and practice bouts, warm ups, and using equipment belonging to the Club, its officers, employees, instructors, representatives, and members, and any or all persons present in or about the said Club's practices.

Having read the foregoing, I expressly agree to assume the risk of all injuries, including death, which may occur while participating in the activities described above.

Dated at _____ this _____ day of _____, 20__.
(city) (date) (month)

Witness

Name: _____

Minor Participant

Name: _____

To be signed by the Parent or Legal Guardian of the Participant under the age of 18:

I, _____ (*Name*) am the _____ (*relationship to Minor Participant*) of _____ (*Name of Minor Participant*), born _____ (*Month/Date/Year*), and the Minor Participant have both read this

Acknowledgment. I acknowledge and understand the risk of injury, including death, involved in participating in the activities sponsored completely or in part by the Club, the Canadian Fencing Federation, and/or the Ontario Fencing Association as described in this Acknowledgment that may occur to the Minor Participant.

Having read the foregoing, the Minor Participant and I expressly agree to assume the risk of all injuries, including death, which may occur while the Minor Participant participating in the activities described in this Acknowledgment.

Dated at _____ this _____ day of _____, 20__.
(city) (date) (month)

Witness

Name: _____

Parent/Legal Guardian of the Participant

Name: _____



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 |

