

Wesley Fencing at Lancaster Hall
('Lancaster Fencing')

2019 FENCING PROGRAM REGISTRATION FORM

Name:.....
(First Names) (Surname/Family name)

Home address :.....
.....

Email:.....

Telephone: (h) (w)..... (m).....

Age:..... Date of birth:.....

Name of Person to Contact in an Emergency:.....

Relationship:.....Telephone:.....

Medical: Please advise the Coach of any pre-existing medical conditions (including allergies)

- I agree to abide by the terms and conditions set out in the USER AGREEMENT with Wesley Uniting Church and rules attaching to affiliation with ACTFA Inc/AFF Ltd.
- I agree that the above named person attending the fencing activity will not hold the Fencing Coach, Wesley Uniting Church, its staff or volunteers responsible for any damage and/or accident. I also give my permission for medical/ambulance assistance in case of an emergency and agree to pay the costs incurred.

The information given here will be used only for purposes associated with the fencing program and will not be disclosed to any other person or organization. However, if you have authorized the members within Wesley Uniting Church or the fencing program to obtain medical, hospital or ambulance services for your child, it may be necessary or desirable to provide some personal information to the person providing the service. In the unlikely event of needing to forward your information, we will try to first seek out your consent.

I understand that the program fees are not refundable unless the fencing program is cancelled by the Fencing Coach.

Signed: Date:.....
(Signature of Fencer or Parent if fencer is aged under 18)

Fees paid: \$.....(date)..... Affiliation:(date).....
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