

# The Adelaide Swords Club Inc.

C/- Hungarian Club of South Australia Inc  
82 Osmond Tce Norwood 5067



## MEMBERSHIP APPLICATION 1<sup>st</sup> July 2010 – 30<sup>th</sup> June 2011

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

D.O.B. / / Email: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

### FEE SCHEDULE :

#### The Adelaide Swords Club Inc.

#### Membership Fees

	Full Year July to June	Half Year January to June
Senior	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$230.00
Senior Discounted	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$130.00
Junior	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$130.00
Junior Discounted	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$30.00

#### Plus: (If not already paid up member of FSA Inc)

#### Fencing SA Inc.

#### Membership

	Annual Fee For Period 01/01/09 to 31/12/09
Licensed (Senior)	<input type="checkbox"/> \$ 80.00
Licensed (Junior)	<input type="checkbox"/> \$ 70.00
Registered	<input type="checkbox"/> \$ 20.00

#### OFFICE USE ONLY

Amount Received \_\_\_\_\_

Receipt Number \_\_\_\_\_

Date / / Initial: \_\_\_\_\_

**Note** (All persons wishing to use The Adelaide Swords Club Inc facilities must be current and paid up Licensed and or Registered members of Fencing SA Inc.)

### INDEMNITY:

I \_\_\_\_\_ hereby agree to indemnify The Adelaide Swords Club Inc. and its members against any claims made by me/my child \_\_\_\_\_ (name of child) for loss or injury sustained as a result of my participation with The Adelaide Swords Club Inc. and my presence in its premises.

I/We have read and understood The Adelaide Swords Club Inc. Occupational Health and Safety policy, and agree to abide by the rules and regulations set out in this policy or forfeit my membership to The Adelaide Swords Club Inc. I/my child will fence using the instructed techniques and safety equipment supplied, according to the Rules for Competition as codified by the Federation International d'Esgrime and fully accept that I/my child shall fence at own risk.

In the event of an emergency, accident or illness to me/my child, I hereby give permission to The Adelaide Swords Club Inc. to seek medical, ambulance or hospital attention, as required, and accept full responsibility for all expenses incurred.

In the event of a medical emergency, I also consent to me/my child receiving any medical, surgical or anaesthetic care which may be needed, determined by the appropriate medical practitioner or hospital authority, to which I/my child has been taken for such care.

I do / do not wish to declare that I/my child have also completed a health information form, and must therefore receive special attention (i) in the event of accident and / or illness  
(ii) under normal circumstances

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date / /