

The Adelaide Swords Club Inc.

C/- Hungarian Club of South Australian Inc
82 Osmond Tce Norwood 5068



SENIOR BEGINNERS APPLICATION

1st July 2010 – 30th 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 ASC Inc Beginners Class Fee \$150.00
Fencing SA Inc Annual Registration Fee \$ 20.00
(01/01/09 to 31/12/09 year)
Total \$170.00

OFFICE USE ONLY	
Amount Received	_____
Receipt Number	_____
Date / /	Initial: _____

Discount: Completion of a Beginners Class entitles the fencer to a reduction of up to \$100.00 off the standard The ASC Inc annual / half yearly club membership fee with the reduction applying to the initial annual / half yearly club membership fee payment only.

Note: Registration with Fencing SA Inc will entitle beginners to compete at beginner level competition only; fencers must be FSA Inc **licensed** to compete in all other levels of competition.

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 / /