



MEMBERSHIP FORM

Please complete this form in full and return to admin@salleholyrood.com

You must have a current British Fencing membership to fence at Salle Holyrood

Personal Details

1 st Member Name:		Gender:	
Date of Birth:		BF No:	
2 nd Member Name:		Gender:	
Date of Birth:		BF No:	
3 rd Member Name:		Gender:	
Date of Birth:		BF No:	
Parent/Guardian Name if Under 18:			
Address (including postcode):			
Home Phone:			
Mobile:			
Email:			
Emergency Contact Name:			
Emergency Contact No:			

Medical/Additional Support Needs Information

Please give full details of any medical conditions/medication/allergies or additional support needs that we need to be aware of. It is a requirement of membership that information which may affect the fencer whilst under our supervision is provided. All medical information gathered will be held by Salle Holyrood for the purposes of club management and only shared with key personnel (see our current privacy policy on our website)

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P.T.O.

Membership Type

Membership Type	Cost	Qty	Tick
Full Member (over 18, no concession)	£40		
Junior Member (under 18)	£30		
Concessionary Member* (student, over 60, un-employed)	£30		
Family Package 1: 1 full member + 1 junior member	£60		
Family Package 2: 2 children	£50		
Family Package 3: Any 3 family members	£70		

**If claiming concessionary rate, you will be asked to provide proof*

Consent Information (please tick all appropriate boxes)

	I give consent for Salle Holyrood to take photographs and videos of all members on this membership form for use in Salle Holyrood publications (website, social media, marketing material)
	I give consent for personal information to be shared with Salle Holyrood management, coaches and affiliate bodies (British Fencing/ScottishFencing Ltd) as necessary to undertake our legitimate interests
	I give consent to medical treatment, either from a club coach or medical team, for any injury sustained during fencing-related activities or where deemed urgently necessary for other health reasons
	I agree to pay the monthly membership fee. Should I wish to cancel any membership, I will provide four weeks' notice by email to: admin@salleholyrood.com
	I understand and agree that the club, coaches, management committee, members of the club or volunteers (including referees and catering staff) are under any liability whatsoever for any damage or loss of any property belonging to the member whether on the club's premises or facilities or elsewhere
Signed:	Dated:

PLEASE ENSURE YOU RECEIVE, AND ARE FAMILIAR WITH, OUR MEMBER'S HANDBOOK.

PLEASE ENSURE YOU ARE FAMILIAR WITH OUR CURRENT POLICIES (including our privacy policy), WHICH YOU CAN VIEW ON OUR WEBSITE AT WWW.SALLEHOLYROOD.COM

For Official Use only:

Date Received:		Membership Number:	
	Members List		Coaches
	Treasurer		Comms List
	BF Membership		Pack Sent
Notes:			