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**Membership Application Form**

**Please complete and sign all sections of the form. If you are under the age of 18, the sections must be completed and signed by a parent or guardian.**

**Name (in full):** Click or tap here to enter text.

**Email\*:** Click or tap here to enter text.

\*If you are a QUB student, please fill in your assigned QUB email address to receive communications from us.

**BFA/IFF/Relevant Membership Number:** Click or tap here to enter text.

**Membership Package:**

Please indicate which option you wish to purchase.

|  |  |  |  |
| --- | --- | --- | --- |
| QUB Student | Beginner/New Member   * Per academic semester * Per academic year | £10  £20 |  |
| Returning Member   * Per academic semester * Per academic year | £15  £30 |  |
| Associate | QUB Graduate with One Year Grace Period Post-Graduation | £25 |  |
| QUB Graduate (After Year of Grace), Staff and Faculty | £30 |  |
| Non-QUB Student | £30 |  |
| U18 Non-Student | £30 |  |
| General Public | £35 |  |

***NB****: Valid ID/supporting documents may be required to complete your purchase.*

I confirm that Choose an item. read the club’s policies and Choose an item. to abide by them. Choose an item. to treat all club members and equipment with the utmost respect. Choose an item. that the club reserves the right to revoke membership from anyone behaving in a fashion that brings QUB Fencing and/or the sport of fencing into disrepute.

Signed: Click or tap here to enter text. Date: Click or tap to enter a date.

Print Name: Click or tap here to enter text.

**Imagery and Club Promotion**

Please be advised that during your time with the club, you (or your child) may be photographed or videoed. With your permission, the photo(s) or video(s) may be reproduced and released for use on the club website, social media platforms and/or promotional posters. Please indicate your preference below.

Yes, the photos and videos may be reproduced and released for use by the club.

No, the photos and videos may not be reproduced and released for use by the club.

Signed: Click or tap here to enter text. Date: Click or tap to enter a date.

Print Name: Click or tap here to enter text.

*Please note that should you wish to change your mind in the future, our secretary will be happy to update your records.*

**Medical Disclaimer**

If you (or your child) suffer or have suffered from a medical condition or injury, please feel free to disclose as much information as you are comfortable with in the space below. We ask for this in order for the club to make reasonable adjustments with the aim of giving you (or your child) the best experience possible – for example, we now ensure that glucose tablets are readily available for our diabetic fencers in the event of a hypoglycaemic attack or ‘low’.

Click or tap here to enter text.

The following contact information provided will only be used in the unlikely event of an accident or medical emergency.

|  |
| --- |
| **EMERGENCY CONTACT DETAILS**  **Name (in full):** Click or tap here to enter text.  **Relationship:** Click or tap here to enter text. **Mobile:** Click or tap here to enter text. |

In order to help the club monitor its diversity and to identify underrepresented areas that may require our attention, we would really appreciate it if you took the time to complete the following questionnaire.

|  |  |  |
| --- | --- | --- |
| **To which gender identity do you (or your child) most identify with?** | | |
| Male | Female | Non-binary |
| Prefer not to say | Other – Please specify: Click or tap here to enter text. | |
|  | | |
| **I identify my (or my child’s) ethnicity as:** | | |
| Asian | Black | Caucasian |
| Mixed | Prefer not to say |  |
| **What is your (or your child’s) nationality?** | | |
| Click or tap here to enter text. | | |
|  | | |
| **How many times, on average, would you (or your child) exercise per week?** | | |
| 0 – 1 | 2 – 3 | 4 – 5 |
| > 5 |  |  |
|  | | |
| **How long would your (or your child’s) exercise session typically last?** | | |
| < 30min | 30 – 60min | > 1hr |
|  | | |
| **Please select the appropriate descriptor(s) for your (or your child’s) exercise style.** | | |
| Does the sit up I do when I have to get out of bed count? | | |
| Walking | Cardio | Weight training |
| Another sport(s) – Please specify: Click or tap here to enter text. | | |
| I only have time for fencing! | | |
|  | | |
| **Have you (or your child) been diagnosed with a learning disability (e.g. ADHD, Asperger Syndrome, dyslexia) or developmental disorder (e.g. dyspraxia)?** | | |
| Yes – Please specify: Click or tap here to enter text. | | |
| No | Prefer not to say |  |

**NB**: To protect your data, this document will be appropriately disposed of either at the end of your membership with QUB Fencing or at the end of the academic year, whichever comes first.