

**THE CARDIFF ROSE SWORDSMEN GUILD (CRSG)
2009 MEMBERSHIP APPLICATION FORM**

Please print clearly, fill out one form per person even for families. This information is confidential.

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____

Phone: (Hm) _____ (Wk/Cell) _____ ZIP: _____

Email for Guild list _____ Alt Email: _____

“Character” Name & Gender _____

Allergies or Medical Conditions: _____

Medical Insurance Carrier & ID Number: _____

Food preferences (Vegie, no Dairy, etc): _____

Membership Type:

___ Guildmember \$15

___ Guildmember Family (husband + wife) or (husband + wife + kids under 18 at home) \$25

All first-year memberships also pay the \$20 “tent-tax” fee, one fee per membership type.

RELEASE: I (or my adult guardian) hereby covenant & agree to release & HOLD HARMLESS the Cardiff Rose Swordsmen Guild, its officers, agents & membership from any & all liability for any injury to myself or my property or any third party individual or their property that may arise out of or be connected with the competition or any activity which I may enter into at my own risk. I understand that at events I must follow Guild costume guidelines and comport myself safely and in accordance with event regulations and Federal and State laws. If shooting or fencing at events I should have membership in the USFA or ECWSA.

Signature: _____ Date: _____

If under age 18, please provide the following information:

Parent/Guardian at Events: _____ Relationship: _____

Guardian's Address: _____ City: _____ ZIP: _____

Phone: (Hm) _____ (Cell) _____ Email: _____

*Guild use only. Date Paid ___/___/___, ___Returning, ___New + ___Tax Pd,
Insurance = ___Current USFA, ___Current ECWSA*

Mail to: Steve O'Neil 2149 Ahneita Dr, Pleasant Hill CA 94520, checks payable to “Cardiff Rose”.