

Tenterden Fencing



Swords Club

Acting Hon. Secretary: John Hyde
email: tenterden.swords@gmail.com

2016 ANNUAL MEMBERSHIP CONSENT FORM AND MEMBER CONTACT DETAILS

PLEASE WRITE LEGIBLY!

Surname: _____ First name: _____
Address: _____ Email: _____
_____ Tel.: _____

BFA No.: _____
Please note: All people fencing at the club must have a valid full or social BFA membership for insurance purposes

Weapon: E / F / S Age category: _____
Person to contact in case of emergency
Name: _____ Tel.: _____

MEDICAL HISTORY

Have you ever suffered from any of the following:

Asthma Yes / No Epilepsy Yes / No
Diabetes Yes / No Allergies Yes / No
Heart complaints Yes / No If YES, specify allergy: _____

Any other injury which may affect participation? Yes / No

If you have answered YES to any question, is the condition under medical control? Yes / No

If YES, how is the medication taken? _____

ANNUAL SUBSCRIPTION AND ACCEPTANCE OF CONDITIONS: To become a member of Tenterden Swords Fencing Club and to enable me to take lessons from the coach, I confirm that I have paid the annual subscription of £ _____ for the year 2016.
(Please make cheques payable to Tenterden Swords Fencing Club).

	Annual subscription	Weekly payment	
		Members	Non-members
Adults	£ 30	£ 6	£ 8
Students	£ 15	£ 5	£ 6
Under 14s	£ 10	£ 4	£ 5

I confirm that I have read and agree to abide by the British Fencing Safety Guidelines; I accept that I have a duty of care to fence safely.

Signed: _____ Date: _____