

FENCING APPLICATION FORM



Name _____

Date of Birth _____

Address _____

Telephone _____ Email: _____

In Case of Emergency Contact _____

ICE Tel Number _____

MEDICAL HISTORY allergies, conditions, medications, dietary requirements

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication

Other Information (special needs/etc)

PARENTAL CONSENT

I am the parent/Guardian of _____

Photographs: I understand that photographs will be taken during or at sport related events and may be used in the promotion of sport

I hereby consent to the above child participating in activities of Northern Ireland Fencing in line with the Person Code of Conduct for those involved in Fencing. I will inform the leaders of any changes to the information above

I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities

Signature _____ Date _____

Print Name _____