



MEMBERSHIP FORM

Surname **Forenames**

Address

Postcode **Telephone**

School **Gender** **Male / Female**

Date of birth

In order to help the club monitor its membership, can you please tick one of the following to identify your ethnic group:

White **Black or Black British** **Mixed**

Chinese **Asian or Asian British** **Other Ethnic Group**

Sporting Information: Have you fenced before? If so, please give details below:

.....
.....
.....

Which other sports do you take part in?

.....
Medical information: Do you consider yourself to have a disability?
YES NO

If yes, what is the nature of your disability?

.....
Do you have any medical or physical condition precluding heavy exercise?
YES NO

Please detail below any important medical information that our club officials/coaches should be aware of e.g. allergies, epilepsy, asthma, diabetes etc.

.....
Are you currently taking any form of medication that relates to the above?

Details of GP:

Name

Address

Signature of Applicant

Signature of Parent/Guardian/Carer **Date**

Print Name

Email