



GUERNSEY FENCING ACADEMY
Elizabeth College, College Street
St Peter Port, GY1 2PY

26 December 2014

Dear Parent/Guardian,

Consent for Training Activities

Please complete and return the form below that relates to the forthcoming training activity for which you have already received details. The form gives your consent for your child to take part in this activity.

Training Activity: Winter Training Weekend [Fencing]

Dates and times: 0900 – 1630, Saturday 3 Jan 2015 and Sunday 4 Jan 2015

Venue: Elizabeth College

Name of Fencer:

Date of Birth:

BF Membership Number:

Date of Expiry:

Special details:

Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted below. For example, does your child:

- Have any allergies?
- Have diabetes, asthma or epilepsy?
- Have specific muscle weakness or tendon injuries?
- Take medication? (If so, what is the dosage required?)
- Suffer from growing pains or other growth related issues?

All medication must be given to the party leader at the beginning of the training day, clearly labelled with the fencer's name and the dosage instructions.

Has your child had any relevant, recent illness?
Does your child have any specific dietary requirements?
Have you any additional comments?

1. I would like my child to take part in the above mentioned training activity and having read the information provided agree to my child taking part in the activities described.
2. I consent to any emergency medical treatment required by my child during the course of these activities.
3. I confirm that my child is in good health and I consider my child fit to participate.
4. I will inform the group leader at the beginning of the training activity of any changes to the medical information given on this form.
5. I understand that a mask, glove and weapon are normally deemed sufficient for the conduct of safe individual lessons. Understanding the risks involved, I permit my child to take individual lessons without breeches, under-plastron or jacket / I insist that my child takes lessons in full fencing kit (delete as appropriate).
6. I understand that, while breeches are required to spar in épée, sparring may be done without breeches in foil and sabre. Understanding the risks involved, I choose to allow my child to spar with foil or sabre without breeches / I insist that my child wear breeches during sparring (delete as appropriate).
7. I understand that photographs and videos may be taken for training and publicity purposes and have no objections to my child being photographed or videoed for those purposes.

Signature of parent or guardian _____ **Date** _____

Name of Parent or Guardian _____

Address _____

Telephone: (Home) _____ **(Mobile)** _____

Email: _____ **(Work)** _____

Emergency contact number, if different during trip: _____

Family Doctor (Name): _____ **(Practice)** _____

Surgery Telephone: _____

Approximate date of last tetanus injection: _____