



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

26 December 2014

Dear Fencer,

### 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 acknowledges your intention to take part, and gives permission for emergency medical treatment

**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 health requiring special attention but which do not prevent you from taking part should be noted below. For example, do you:

- Have any allergies?
- Have diabetes, asthma or epilepsy?
- Have arthritis or other joint related concerns?
- Have specific muscle weakness or tendon injuries?
- Take medication? (If so, what is the dosage required?)

All emergency medication (*e.g.* EpiPens for anaphylaxis) must be given to the coaching staff at the beginning of the training day, clearly labelled with your name and instructions for use (*e.g.* dosage).

<b>Have you had any relevant, recent illness?</b>
<b>Does you have any specific dietary requirements?</b>
<b>Have you any additional comments?</b>

1. I would like to participate in the above mentioned training activity and having read the information provided agree to take part in the activities described.
2. I consent to any emergency medical treatment required during the course of these activities.
3. I confirm that I am in good health and I consider myself 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 have decided to take individual fencing lessons without breeches, under-plastron or jacket / I will ensure that I am wearing full fencing kit during my individual fencing lessons (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 spar with foil or sabre without breeches / I will ensure that I am wearing 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 being photographed or videoed for those purposes.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name [Block Capitals]** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone: (Home)** \_\_\_\_\_ **(Mobile)** \_\_\_\_\_

**Email:** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**In an emergency, please contact** \_\_\_\_\_ **at the number below.**

**(Main Phone)** \_\_\_\_\_ **(Second Phone)** \_\_\_\_\_

**Family Doctor (Name):** \_\_\_\_\_ **(Practice)** \_\_\_\_\_

**Surgery Telephone:** \_\_\_\_\_

**Approximate date of last tetanus injection:** \_\_\_\_\_