

Tried Fencing at School or Cubs?

Like to try your hand in a real competition?

YOUTH FOIL COMP

JULY 30th

10am start.

All electric equipment and safety clothing supplied to fence safely and in accordance with British Fencing.

Entry £5.

Closing entry date 21st July.

Prizes of Equipment to the top three Finishes

For further details contact

SamiaSwordClub@Outlook.com

Competition is for youth between 8 and 13 years old, all levels of experience welcome.

Youth Foil Competition, 30th July, 2017
@ Rue Mainguy Scout HQ, main hall.

Entry Form.

First Name.....
Surname.....
BF number.....
Email.....

Enclosed £5 entry

If you are not currently a member of British Fencing then
we require your full postal address
in addition to the data on the consent form below.

Online payment to Sarnia Sword Club,
Sort code 20-35-32 Account 80826073
Please quote entrants name as the reference.

Cheques made payable to Sarnia Sword Club.
Please send a print out of your completed form and cheque to,

Wendy Batiste, Dove Cottage, Rue du Douit, Castel, GY5 7JX

Confirmation will be sent via email.

The policy of fencing is that youth participating in our events must be members of the
British Fencing or equivalent body providing public liability insurance cover.

It is the responsibility of each fencer to ensure that personal equipment
complies with British Fencing guidelines.
We recommend FIE standard clothing and masks for personal safety.

The organisers reserve the right to make any changes that they deem necessary
to the running of the competition.

sarniaswordclub@outlook.com

Consent Form

Relevant Medical information: Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part in regular fencing should be noted below.

For example, does your child:

Have any allergies?

Have diabetes, asthma or epilepsy?

Have any regular medication?

Declaration

I consent to any emergency medical treatment required by my child during the course of this competition.

I confirm that my child is in good health and that I consider my child fit to participate in rigorous fencing.

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:

Date:

Name of Signatory: Relationship to Fencer:

E-mail Address:

Home Telephone Number:

Mobile Telephone Number:

First Emergency Contact Number:

Please give the name and primary contact number of a second person who may be contacted if you cannot be reached:

Name: Number:

Family Doctor: Surgery:

Address: