



## **Eastern Region Performance Training Session**

**(Minimum 1 years fencing experience)**

**June 10th, 2018 10am-4pm**

**Nuffield Sports Centre, Royal Masonic School  
Rickmansworth, Hertfordshire WD3 4HF**

### **Application and Consent Form – Under 18**

My child is in good health and I consider him/her capable of taking part in the Eastern Region Training Day on June 10<sup>th</sup>, 2018.

**Confidential:**

Please give details of any medical condition affecting your child including any significant allergies, and full details of any medication he/she is taking. *This information will be seen only by the Course Organiser or a member of staff if the Course Organiser considers this necessary for the well-being of the child, or any medical professional who treats the child.*

**NONE / See Attached Sheet**

**(Please delete as appropriate and number any extra pages used)**

I agree that I will notify the Training Day Organisers of any change in the health/fitness of the person named below prior to the event.

I have completed the medical details and give my consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics, but only if parental consent cannot reasonably be obtained. \*

I consent to my child taking part in the Training Day and I agree that he/she will be subject to the authority of the course staff.

I agree that as far as permitted by law the organisers, coaches and others running the course will not be liable for any accident, loss or injury and agree that in any event they will not be liable in the absence of personal fault.

I DO / DO NOT give my consent for my child to be filmed and to be photographed. These photographs/films may be displayed on the BFA Eastern Region website.

**Fencers Name: (Print)**

**BFA Number:**

**Date of Birth:**

**Address:**

**Contact Telephone No:**

**Emergency Contact No:**

**Club:**

**Email Address:**

**Which weapon do you wish to apply for? Foil/Sabre (please circle one)**

**Parent/Guardian name: (Print)**

**(This must be the person with legal parental authority.)**

**Parent/Guardian signature:**

**Date:**

**Cost £35 per person**

**Please complete the consent form and return with a cheque payable to BFA Eastern Region and send to: David Cook, 4 Walsingham Road, Colchester, Essex, CO2 7BN**

**Alternatively, you can pay by BACS to BFA Eastern Region Account A/c 90009954 Sort Code 20-44-51. A completed entry can be sent to [youthdev@bfaeastern.org](mailto:youthdev@bfaeastern.org)  
Closing date: Friday June 2<sup>nd</sup>, 2018. Confirmation emails will be sent. In case of over subscription a waiting list will be started.**

**\*NB: The Gillick Ruling allows U18's to give their own consent for medical treatment where the medical officer considers they are competent to do so. In practice this means that 16 and 17yr olds of normal intelligence do not need parental consent. This can also apply to 14/15 yr olds depending on the situation.**

**Details of Medical Information (if required)**

**Fencers Name: (Print)**

**Paracetamol Permission YES/NO**

**Details:**