

CENTRAL LONDON FENCING CLUB
MEMBERSHIP FORM FOR ADULTS

FIRST NAME:

LAST NAME / SURNAME:

DAYTIME TELEPHONE NUMBER:

MOBILE NUMBER:

POSTAL ADDRESS:
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E-MAIL ADDRESS:

BIRTHDAY: (i.e. 23rd June) **(optional)**

AGE: (i.e. 41) **(optional)**

BRITISH FENCING REGISTRATION NUMBER (REQUIRED*):

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** All adults must now hold a membership of the British Fencing Association (BFA). You will need to arrange and pay for this yourself via the British Fencing website before the term begins. You are required to provide the BFA registration number on your registration form at the beginning of the term, and to ensure your membership is valid and up to date at all times. This is a strict insurance requirement for participating in fencing at Central London Fencing Club.*

DO YOU HAVE ANY PRE-EXISTING MEDICAL CONDITIONS/INJURIES?

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EMERGENCY NEXT OF KIN CONTACT:

CONTACT NAME:

CONTACT NUMBER:

RELATIONSHIP TO YOU: