



CENTRAL LONDON FENCING CLUB

CLFC – CHILDREN’S REGISTRATION FORM

PLEASE PRINT IN CAPITAL LETTERS ONLY – ONE FORM PER CHILD

CHILD’S FIRST NAME:

CHILD’S LAST NAME / SURNAME:

DATE OF BIRTH: / /

PARENT(S)/GUARDIAN(S)’S NAME (first and last name):

(1)

(2)

DAYTIME TELEPHONE NUMBER(S):

MOBILE NUMBER(S): (1)

(2)

POSTAL ADDRESS:
.....
.....

E-MAIL ADRESS(ES): **Required for club communications about children’s fencing only.*

(1)

(2)

PLEASE SEE NEXT PAGE



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DOES YOUR CHILD HAVE ANY PRE-EXISTING MEDICAL CONDITIONS, ALLERGIES OR INJURIES? DO THEY TAKE ANY MEDICINES? (PLEASE SPECIFY, IF SO. TURN OVER TO PROVIDE MORE DETAILS, IF REQUIRED).

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SIGNATURE:

DATE: