

**CENTRAL LONDON FENCING CLUB**  
**MEMBERSHIP FORM FOR CHILDREN**

CHILD'S FIRST NAME: .....

CHILD'S LAST NAME / SURNAME: .....

PARENT/GUARDIAN'S FIRST NAME:  
.....

PARENT/GUARDIAN'S LAST NAME / SURNAME:  
.....

DAYTIME TELEPHONE NUMBER: .....

MOBILE NUMBER: .....

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

E-MAIL ADDRESS: .....

CHILD'S BIRTHDAY: (i.e. 23<sup>rd</sup> June) .....

CHILD'S AGE: (i.e. 8) .....

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DOES YOUR CHILD HAVE ANY PRE-EXISTING MEDICAL CONDITIONS OR INJURIES? (PLEASE SPECIFY)

.....  
.....  
.....

**1<sup>st</sup> EMERGENCY NEXT OF KIN CONTACT:**

**CONTACT NAME:** .....

**CONTACT NUMBER:** .....

**RELATIONSHIP TO CHILD:** .....

**2<sup>nd</sup> EMERGENCY NEXT OF KIN CONTACT:**

**CONTACT NAME:** .....

**CONTACT NUMBER:** .....

**RELATIONSHIP TO CHILD:** .....