

Adult Squad Autumn Term 2017

6th September – 6th December 7:30pm – 9:00pm

Contact Information

Name

Address.....

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For equipment purposes please provide the following information:

Left or Right Handed Male / Female (Please Circle)

Measurements:

Chest.....**Waist**.....**Height**.....

Contact telephone numbers.....

Email.....

In order to comply with the requirements of the Data Protection Act we need your written permission to store your name and address details on the Cobham Fencing Club's Database. Personal details of all members are not disclosed to any third party

From time to time registered members of staff and volunteers directed by the club coaches may take photographs, or video:

- For training purposes to encourage and as a learning tool
- To endorse Cobham Fencing club on promotional materials including web, club noticeboard, newsletters etc (we will advise you where and how images will be used)

Medical Information: Please indicate any medical information that may affect your participation in high intensity exercise and note any medication that you will have with you.

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I have read and understood the above information

Signature Date