



# Durham Phoenix Membership and Medical Consent Form.

Surname/ Family Name \_\_\_\_\_ Forename \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of 1<sup>st</sup> Jan \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to member \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Address of Doctor \_\_\_\_\_

\_\_\_\_\_

Any specific medical conditions requiring medical treatment and/or medication \_\_\_\_\_

\_\_\_\_\_

Any physical injuries or disabilities that may affect you participating in fencing \_\_\_\_\_

Any allergies? Yes /No (If yes please give details: \_\_\_\_\_)

Parental Consent (to be signed for the participants under 18 years)

I, \_\_\_\_\_ being parent /guardian of the above names child hereby give my consent for the group leader to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughters interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

I, the participant of this activity, understand that it can be physically strenuous and if I have any health concerns, that I will consult my doctor.

Name: \_\_\_\_\_

Signature \_\_\_\_\_ (consent by parent/guardian)

Date \_\_\_\_\_

Please note that a young person can give their own consent for medical treatment if they are over 16