SALLE ETON FENCING CLUB

**CONTACT DETAILS**

**Fencer’s personal details**

Name:

Address:

Postcode:

Home phone number:

Mobile:

|  |
| --- |
| Email:  |

Date of birth:

**Medical information**

Please describe below any important medical information or any medication that you take which our coaches should be aware of (e.g. epilepsy, asthma, diabetes, etc.).

Name of GP............................................................. Phone no. ...............................................

**Emergency contact details**

Please indicate the person who should be contacted in the event of an incident/accident.

Contact name:

Emergency contact number: