



British Fencing

CADET POTENTIAL PROGRAMME



British Fencing

Programme Manager: Neil Brown

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PRIVATE AND CONFIDENTIAL

NAME:.....

Age:..... DOB:.....

HEALTH & MEDICAL

Please tick if any of the following apply (within the last 5 years):

- | | | | |
|-----------------|--------------------------|-------------------------|--------------------------|
| Recent Surgery | <input type="checkbox"/> | High/Low Blood Pressure | <input type="checkbox"/> |
| Heart Disorders | <input type="checkbox"/> | Pregnant | <input type="checkbox"/> |
| Epileptic | <input type="checkbox"/> | Chest Problems or pain | <input type="checkbox"/> |
| Diabetic | <input type="checkbox"/> | Back Problems | <input type="checkbox"/> |
| Asthmatic | <input type="checkbox"/> | Bone/Joint Problems | <input type="checkbox"/> |
| Injuries | <input type="checkbox"/> | Other illness | <input type="checkbox"/> |

Please give details of any injuries we should know about:.....

.....

Are you currently taking any medication?

Yes/No If yes, please give details:.....

.....

Is there any reason not stated here why you should not take part in any of the fitness tests?

Yes/no If yes, please give details.....

.....

I acknowledge that there are risks and dangers inherent in physical exercise and undertake the activity at my own risk. I agree to have skin-fold calliper tests done if appropriate. I agree that some of my tests may be videoed or photographed.

Signature :..... Parent or guardian's signature:.....

QUESTIONNAIRE

How many hours of training do you do in a typical week in term time?

Physical:..... Lessons:..... Footwork:..... Sparring:.....

How many hours of training do you do in a typical week during school holidays?

Physical:..... Lessons:..... Footwork:..... Sparring:.....

How many fencing club sessions do you do in a typical week?

.....

How many competitions did you fence in last season (May 08 – April 09)

Domestic:..... International:.....

What were your best results last season (May 08 – April 09)

Domestic:..... Date:.....

International:..... Date:.....

Do you consider your diet to be healthy or unhealthy, give details?

.....

Are you a smoker? Yes/No

Are you familiar with gym equipment?

CV machines Y/N Free weights Y/N Weight machines Y/N

Do you have regular access to a gym? Y/N

For season 09-10 (starts May 09) how many hours training are you planning to do per week?

Physical:..... Lessons:..... Footwork:..... Sparring:.....

Will you be able to maintain this during the school holidays? Y/N

Which training camp(s) are you attending between now & September?

Please include the dates.

.....

Anything else we should know?

.....

.....

.....

.....

Contact Details (no need to fill in part 1 if you have already completed the CPP invitation 1-line spreadsheet)

Part 1

Name:.....

Mobile phone number :

British Fencing license number:..... Expiry date:.....

Home Address:.....

.....

Home phone number:.....

Email address(es):.....

Main fencing club:.....

Name of main coach:.....

Other fencing club:.....

Name of other coach:.....

Coaches address, email & phone number(s):.....

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Name & address of school, college, or employer:.....

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Name of head teacher (if at school):.....

Name of School Sport Partnership:.....

Emergency contact details if Parent/Guardian cannot be contacted at above address:.....

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.....

.....

Name and address of fencers own Doctor

Are you allergic to anything? e.g. aspirin, antibiotics, any particular food or drugs? If so give details.

.....
Do you suffer from any of the following: asthma, chest complaints, hay fever migraine, fits or faints, travel sickness, diabetes, coeliac disease or any other illness or disability? If so give details.
.....

Are you having any medical treatment at present? If so, please give written details of treatment and medicines, etc:.....

Date of anti-tetanus injection (if known):.....

Do you have any physical disability? Please give details of any special attention required
.....

Please indicate any special food/dietary requirements
.....

Are there any activities in which you should not participate?
.....

Is there any other information (including cultural or religious) about which the staff should be aware?
.....

Part 2 (must be filled in for each CPP weekend or training session).

I have read & understood this document & agree to take part in the events under terms described & abide by the British Fencing code of conduct.

Fencer's signature:..... Date:.....

Parent or guardian

I wish my son/daughter to be allowed to take part in the Cadet Potential Programme and, having read the information provided, I agree to his/her taking part in any or all of the activities described.

I understand that British Fencing only assumes a duty of care for my son/daughter from the time that he reports to the Trip Leader at the Meeting Point and that British Fencing's duty of care, ends when the Trip Leader dismisses the fencer into the care of either the parents or if the Parent/Guardian has made a written request for the fencer to be collected by a named person, till the fencer is met by the named person at the agreed meeting point.

I understand that, while the organizers will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the training sessions. I accept all normal risks of participation in a fencing event and of travelling for that purpose.

I.....(Your name in BLOCK CAPITALS) give consent to the medical examination of my son/daughter/child of whom I am guardian when necessary, and for drug testing where required, whilst he is taking part in the training sessions, and I request that any operation or any other measures considered necessary, by a medical authority for his diagnosis and treatment shall be performed and I hereby give my permission for such operations or other measures to be carried out in an emergency only and for the administration of a general or local anaesthetic if necessary.

Signature..... Date.....

British Fencing Physiological Assessment Basic Fitness Tests

Name:	Gender:
Hand:	Test Date:
Weapon:	
Notes:	

Height (cm):	Weight (kg):
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	Test	Trials				
		1	2	3	4	5
1	Standing broad jump (cm)					
2	Single leg Standing broad jump - front leg [cm] R/L					
3	Single leg Standing broad jump - back leg [cm] R/L					
4	Fencing footwork (2m, 4m, 2m) [seconds]					
5	Multi jumps [cm]					
6	Balance beam [mistakes in 30 seconds]	R	L			
7	Heel-toe balance test, 10 steps, [deviation in cm]					
8	Plank, on elbows, max 60 seconds [seconds]					
9	VO2 max (beep test) [level]					
10	Hamstring flexibility [cm]					
11	Shoulder flexibility, chin on floor [cm]					
12	Shoulder hypermobility [cm]					
13	Shoulder arm flexibility (top arm) [cm]	R	L			
14	Leg raise, max 120 seconds [seconds]	R	L			
15	Hexagon, 3 revolutions [seconds]					
16	Box agility drill [seconds]					
17	Pyramid sprint, 2-4-7-4-2. 2 mins rest [seconds]					

All timing to 0.1 seconds