

CTF Fencing Program Registration & Health Form

2018 Summer Elite and Junior Elite Program
Session will start July 9th – August 3rd
6:30 pm to 8:30 pm for Jr. Elite (8 years old to 12 years old)
6:30 pm to 9:30 pm for Elite (13 years old plus)

- | | |
|---|--|
| <input type="checkbox"/> Two-day Elite Program - payment \$250 | <input type="checkbox"/> Two-day Junior Elite Program - payment \$175 |
| <input type="checkbox"/> One-day Elite Program - payment \$210
Mondays or Thursdays (circle one) | <input type="checkbox"/> One-day Junior Elite Program - payment \$145
Mondays or Thursdays (circle one) |

5% discount on second child - Valid for Full Program Only

A valid USFA membership is required for all Fencers

Program payment \$ _____

Total Amount Payable July 9th \$ _____

Student's Information

Last Name: _____ First Name: _____ DOB: _____

Parent or Legal Guardian Information

Last Name: _____ First Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home # _____ - _____ - _____ Work # _____ - _____ - _____ Cell # _____ - _____ - _____

Email Address: _____

Relationship to Fencer: _____

Emergency Contact: _____ phone: _____ email: _____

Family Doctor's Name:

Doctor's Address:

Doctor's Phone:

Comments:

Please read each statement below and if you understand and agree to each statement WRITE YOUR INITIALS in the space next to the paragraph to signify your understanding and agreement.

In the event I/my child need emergency hospital or medical care while participating in the Jr. Elite/Elite Fencing Program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is:

Hospital Name and Address:

However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

____ In the event I/my child needs emergency medical care while in this program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

____ In the event that I/my child need to be transported by an ambulance, I give my permission for such transportation and I agree to assume all expenses incurred by said transportation.

____ I agree to assume all medical expenses incurred by myself/my child while participating in this Jr. Elite/Elite Fencing Program.

____ I realize that as with any physical activity there is a possible risk of accidental injury to myself/my child while participating in this Jr. Elite/Elite Fencing Program. I agree to assume the risk of any injury, which my child might suffer while involved in the Jr. Elite/Elite Fencing Program and will not hold Jennette S. Faulkner or Mooreland Hill School liable for any injuries, which my child may suffer, while participating in this Elite Fencing Program.

Signature of Student _____ Date _____

Signature of Parent/Legal Guardian if Student is under 18 _____ Date _____