

CTF Fencing Program Registration & Health Form

8-Week Beginner II Foil Class

Mondays from 4:00 pm to 5:30 pm

April 1<sup>st</sup> to June 3<sup>rd</sup> (No Class April 15<sup>th</sup> and May 27<sup>th</sup>)

Cost is \$240.00 (includes electric equipment rental)

A USFA non-competitive membership (minimum) for the 2018-2019 season is required (\$10 for the year). This membership can be upgraded to competitive for an additional fee. Go to usfencing.org website <http://www.usfencing.org/page/show/698114-membership> and follow the instructions.

USE CONNECTICUT FENCERS CLUB TO SIGN UP FOR YOUR USFA MEMBERSHIP

Total Amount Payable by 4/1/2019 \$ 240.00

Student's Information

USFA membership number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Fencer, 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:

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 needs emergency hospital or medical care while participating in the Beginner Foil Program 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 medical staff 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 needs 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 Beginner Foil 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 Beginner Foil Program. I agree to assume the risk of any injury, which I/my child might suffer while involved in the Beginner Foil Program and will not hold Jennette S. Faulkner or the New Britain Quartette Club liable for any injuries, which I/ my child may suffer, while participating in this Beginner Foil Program.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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

PLEASE COMPLETE THIS FORM AND RETURN TO COACH STARKS-FAULKNER AT [Jsfaulk1@sbcglobal.net](mailto:Jsfaulk1@sbcglobal.net) BY April 1, 2019