

CTF Fencing Program Registration & Health Form

2019 Elite and Junior Elite Program

April 1st – June 24th

(Club Closed April 15th, and May 27th)

Junior Elite Time 5:00 pm to 7:00 pm

Elite Time 6:30 pm to 9:30 pm

Annual club registration fee \$50 (Note: remember to change your askfred.net profile to CTF)

One-day Elite Program - payment \$470
MONDAYS ONLY

One-day Junior Elite Program - payment \$370
MONDAYS ONLY

Annual Club Registration (\$50 once a year) \$ \$50.00 (IF NOT PREVIOUSLY PAID)

Program Payment \$ _____

Total Amount Payable by 4/01/2019 \$ _____

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:

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 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 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 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 I/my child might suffer while involved in the Jr. Elite/Elite Fencing 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 Jr. Elite/Elite Fencing Program.

Signature of Student _____ Date _____

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