

# Fencing Club Registration

Fencer's Name: \_\_\_\_\_ Fencer's Email: \_\_\_\_\_

Fencer's Home address: \_\_\_\_\_

Fencer's Phone #s: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Fencer's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M / F) Grade: (Circle) 9th 10<sup>th</sup> 11th 12<sup>th</sup>

Athlete medical form on file at SFHS (Y / N) T-shirt size and shoe size \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

**Parent/Legal Guardian Emergency Contacts** Please list in PRIORITY ORDER of contact in case of Emergency!

1st Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Phones: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (office) \_\_\_\_\_

Relationship to Fencer: \_\_\_\_\_

2nd Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Phones: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (office) \_\_\_\_\_

Relationship to Fencer: \_\_\_\_\_

3rd Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Phones: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (office) \_\_\_\_\_

Relationship to Fencer: \_\_\_\_\_

Allergies/Medical issues/Medication (What WE SHOULD KNOW in an Emergency): \_\_\_\_\_

Contact Lenses? Y/ N

Medical Ins. Co. Name: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member ID# \_\_\_\_\_

Group ID# \_\_\_\_\_

## CONSENT FOR EMERGENCY CARE

In the event of an injury or illness, I/we grant permission for First Aid and Emergency Medical Care to be provided for (Fencer Name) \_\_\_\_\_ in the event that the above Emergency Contacts cannot be reached.

Signature of Fencer or Parents/Legal Guardian, if Fencer is under age 18

X \_\_\_\_\_ X \_\_\_\_\_

Print Name(s): \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_