



NGHS Fencing



Fencer Information

Fencer's Name		Fencer's Email	
Fencer's Address			
Fencer's Home Phone	Date of Birth ____/____/____	Fencer's Mobile Phone	Text? Y / N
Grade / Year <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	Weapon(s) <input type="checkbox"/> Foil <input type="checkbox"/> Epee <input type="checkbox"/> Sabre <input type="checkbox"/> TBD	Best Communications <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Voice <input type="checkbox"/> Remind	Directory Opt-Out (assumed in) <input type="checkbox"/> Name <input type="checkbox"/> Photo <input type="checkbox"/> Email <input type="checkbox"/> Phone#

Emergency Contact Information

Parent/Emergency Contact #1 Name		Relations	Contact's Email	
Primary Phone Number	Text? Y / N	Secondary Phone Number	Text? Y / N	Directory Opt-Out (assumed in) <input type="checkbox"/> Name <input type="checkbox"/> Photo <input type="checkbox"/> Email <input type="checkbox"/> Phone#
Parent/Emergency Contact #2 Name		Relations	Contact's Email	
Primary Phone Number	Text? Y / N	Secondary Phone Number	Text? Y / N	Directory N/A
Parent/Emergency Contact #3 Name		Relations	Contact's Email	
Primary Phone Number	Text? Y / N	Secondary Phone Number	Text? Y / N	Directory N/A

Medical Information

Allergies/Medical/Medication/Limitations (Anything we need to know for emergency only):

Upon entering classes held by the North Georgia Fencing Club, North Gwinnett High School, their coaches and/or instructors, I agree to abide by the rules of the United States Fencing Association, as currently published. I understand and appreciate that participation in a sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk and release North Georgia Fencing Club, North Gwinnett High School, their coaches, instructors, event organizers, and officials from any liability.

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)
by Emergency First Responders or Professional Medical Personnel in the event that the Emergency Contacts cannot be reached.

Responsible Party Printed Name	Responsible Party Signature	Signature Date