

My Fencing Club

REGISTRATION/WAIVER FORM

Please fill out this form to provide us with accurate information so that we can provide you a safe environment during the fencing class.

Participant Information (Please **PRINT** Clearly)

Participant's First Name Participant's Last Name Birth Date (mm/dd/yyyy)

Address Apt., Street Number City Postal Code

(_____) _____
Phone Number E-mail Address

Person to Contact in Case of Emergency (_____) _____
Phone Number

Important Medical Conditions (Asthma/Bronchitis, Diabetes, Heart Condition, Hepatitis etc.)

How did you hear about the club?

I (the undersigned) _____ understand that by signing this form I am waiving my rights to claim for any damages and that I participate at my own risk. I recognize that it is my sole responsibility to wear appropriate clothing and maintain equipment in a good state of repair to ensure my own protection. I understand that it is my responsibility to ensure that I properly prepared before participating in any activity at the club.

I understand that during fencing class there is a possibility of physical injury (both acute and permanent) and that I am assuming risk of such injury by my participation. In order that I may receive the necessary medical treatment in the event of injury or illness, I hereby authorize the coach, Katya Belkina, to seek medical treatment for such illness or injury sustained during the class. Furthermore, the coach will not be held responsible for any injury or illness incurred while I am at the club.

Signature of a Student

Date

All fees must be paid by cash or cheque payable to "My Fencing".