



AFAD Member

2008-09

American Fencing Academy of Dayton

Signed _____

Member registration form
American Fencing Academy of Dayton

Name _____

Street Address _____

City _____ State _____ ZIP _____

Phone contact numbers: Home: () _____ - _____ Cell () _____ - _____

E-mail: _____

Age _____ Sex M F Date of Birth _____

Number of years fencing _____

Weapon(s) and Rating(s) _____

Medical information

Emergency Contact _____ Contact Number () _____ - _____

Do you have any medical conditions that should be known? If so, please explain:

Primary Doctor _____

Doctor's phone number _____

Primary Hospital _____

Phone number _____

Primary insurance _____

Waiver of Liability

I, upon participating in this sport (fencing) under the auspices of the American Fencing Academy of Dayton, agree to abide by the current code of conduct and rules of both the United States Fencing Association and American Fencing Academy of Dayton. I agree that I participate at my own risk and release harmless American Fencing Academy of Dayton and its supporters, directors, instructors, other students, and other person(s) affiliated with the organization from any liability. The undersigned certifies this agreement.

Date _____

Fencer's Signature _____

Parent or Guardian Signature if under 18 _____

Emergency Medical Authorization

In the event reasonable attempts to contact me at phone numbers provided in the member registration have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transfer the child to any reasonably accessible hospital facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of surgery.

Signature of Fencer/Parent (if minor) _____ Date: _____

Refusal to Consent

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the persons in charge to take no action or to:

Signature of Fencer/ Parent (if minor) _____

Date: _____