



Membership Application

Membership on ___ / ___ / ___

Non-Member

FENCER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Mobile Phone: _____

Relevant Medical Conditions: _____

BILLING INFORMATION

Preferred billing method: Email Statement US Mail Statement

Check if same as above

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Home Phone: _____ Mobile Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Contact Number: _____

Relationship to Fencer: Parent/Guardian _____

If fencer is under 18 years of age, please fill in the following parent/guardian information:

Parent/Guardian Names: 1) _____ 2) _____

Address: 1) _____ 2) _____

Email: 1) _____ 2) _____

Work Phone: 1) _____ 2) _____

Mobile Phone: 1) _____ 2) _____



FENCERS SCHOOL OF CONNECTICUT

2458 Boston Post Road, Suite 6, Guilford, CT 06437 • 203.901.3105
www.fencerschoolofct.com

Medical Information/Treatment & Legal Release Form

LEGAL RELEASE

The undersigned, or his or her legal parent or guardian, voluntarily and willingly elects to participate in fencing and related sports activities ("fencing") and acknowledges that there is always an inherent physical risk associated with these activities.

The undersigned, or his or her legal parent or guardian, represents that he/she is in good physical condition, and has no physical or mental health problem that will adversely affect the undersigned's participation in fencing or the undersigned's health if he or she fences, and specifically represents that the undersigned does not suffer from any cardiovascular, neurological or any other illness or problem that will adversely affect the undersigned's participation in fencing or the undersigned's health if he or she fences.

The undersigned, or his or her legal parent or guardian, voluntarily assumes all risks of property and bodily loss, damage or injury, including death, which may be sustained by the undersigned while fencing and any related activity. Further, the undersigned, in consideration of being permitted to participate in these activities, releases the Fencers School of Connecticut, LLC, the United States Fencing Association, the owners of any facility in which such activity may be carried on, and the respective officers, directors, trustees, agents, servants, volunteers and employees from any and all claims and counter or cross claims of any kind or nature, including without limitation, claims of negligence, arising out of or in any way connected with the participation of the undersigned in fencing or any related activity.

This release shall be binding upon the heirs, assigns, successors, executors and administrators of the undersigned.

The undersigned certifies and agrees that he or she has read and understands this release and signs this release voluntarily.

The undersigned agrees to be bound by the Fencers School of Connecticut, LLC equipment, facility and safety rules.

Fencer's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

MEDICAL INSURANCE INFORMATION

Name of Medical Insurance Carrier: _____ Policy Number: _____

Address of Carrier: _____ Name of Policy Holder: _____

RELEASE FOR MEDICAL TREATMENT

Who should we contact in case of emergency? _____

Name of Fencer's Physician: _____ Phone Number: _____

This is to certify that the undersigned gives consent to the Fencers School of Connecticut, LLC and its representatives to obtain medical care from any licensed physician, hospital or clinic for _____ for any illness that may arise during activities associated with the Fencers School of Connecticut, LLC.
(fencer's name)

Fencer's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

RELEASE FOR PUBLICATION OF IMAGE OR QUOTATION

This is to certify that as of this date _____, I, Fencer, Age 18+/Parent or Guardian _____ do give my consent for the Fencers School of Connecticut, LLC or parties assigned by the club, to use photographs, video recording, or other images and/or quotations of the fencer/participant for publication.

Fencer's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____