

Salle de Fers

Room of Swords



Fencing Club

Fencing Registration Form

Please Print:

Last Name: _____ First, middle _____

Male Female DOB: _____ If under 18, Legal Guardian or Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

Email: _____ Occupation: _____

Health Status: Which of these levels of physical activity do you engage in most days of the week?

less than moderate physical activity moderate more than moderate

(Moderate physical activity: you expend at least 150 Kilo calories each day or 1000 K cals each week. "Moderate activity" include: (1) cardio respiratory fitness 3-5 days per week; (2) exercise to increase or maintain muscular strength and endurance 2-3 days per week and, (3) a flexibility regimen to stretch major muscle groups 2-3 days per week).

Do you know of any reason that you should not participate in vigorous physical activity? no If yes, please explain: _____

Participant Waiver of Liability and Consent for Medical Treatment

All participants must sign this waiver of liability (and your parent or guardian if under 18) in order to participate in the activity. I agree to abide by the rules of the USFA as published and follow all instructions. 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 Charles Scott Chapman, Salle de Fers Fencing Club and the United States Fencing Association from any liability. I also give my consent to Charles Scott Chapman and his representative(s) to obtain medical care from any licensed physician, hospital or clinic for the above named Fencer for any injury or illness that may arise during activities associated with Salle de Fers Fencing Club.

Signature: _____ Date: _____

If under 18, legal guardian
Print name and sign: _____ Date: _____

For office use only:
Start Date: _____ Beg. 1: _____ Beg. 2: _____ Int. 1: _____ Int. 2: _____ Int.3: _____