

# FENCING PROGRAM REGISTRATION FORM

## Child Information

Name:	Nick Name:
Age:	DOB:
Address:	City: State: Zip Code:
Home Phone:	Medical Conditions:

## Parental Information

Mother's Name:	Father's Name:
Address:	Address:
Home phone: Home e-mail:	Home phone: Home e-mail:
Employment:	Employment:
Work phone: Work e-mail:	Work phone: Work e-mail:

## Consent for Medical Treatment

In the event I cannot be reached for emergency medical care at the time of an illness or accident, I hereby authorize the fencing staff or Central YMCA to take my child via ambulance to \_\_\_\_\_ hospital. I understand the cost of such treatment and transportation will be my responsibility and I will not hold fencing staff or Central YMCA responsible for such claims.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Waiver of Liability

I hereby, for my child, and myself waive and release all right and claims for damages I may have against fencing staff and Central YMCA staff for any and all injuries suffered by my child as a participant in Fencing Program.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Consent for Taking Pictures

I hereby, authorized fencing staff to take pictures of my child with the entire purpose to be used in the promotion of fencing programs, certificates and related fencing activities.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date