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 Website: [http:// www.roc fencing.com](http://www.roc fencing.com)

Registration Information and Liability Release

- Learn to Fence
- Youth Beginner
- Teen Beginner
- Adult
- Girl Scouts
- Boy Scouts
- Birthday
- Learn to Fence
- Private Session
- Other _____

Athlete Name	
Parent/ Guardian Name	
Date of Birth (MM/DD/YYYY)	
Address	
City	
State	
Zip	
Home Phone	
Work Phone	
Cell Phone	
Email	
<i>Please list any allergies or previous injuries that we should be aware of</i>	

If you can please help us, where did you hear about us? _____

RELEASE: I HEREBY RELEASE RFC AND ANY OF ITS STAFF FROM ANY RESPONSIBILITY OR LIABILITY IN CONNECTION WITH THIS ACTIVITY. I CERTIFY THAT I AM IN GOOD PHYSICAL HEALTH AND HAVE NO LIMITATIONS WHICH MAY PREDISPOSE ME TO RISK DURING THIS PROGRAM. RFC DOES NOT PROVIDE ACCIDENT INSURANCE COVERAGE.

REFUND POLICY: REFUNDS FOR ANY REASON WILL BE GIVEN ONLY IF APPLIED FOR AT LEAST ONE WEEK PRIOR TO THE START DATE OF THE PROGRAM. NO REFUNDS AFTER THIS DATE WILL BE GIVEN. A \$20 PROCESSING FEE WILL BE CHARGED FOR ALL REFUNDS. HOWEVER IF THE PROGRAM IS CANCELLED BY RFC, A FULL REFUND WILL BE GIVEN AND NO PROCESSING FEE WILL BE ASSESSED.

 Fencer Signature Date Parent/Guardian Signature (for fencers under 18 years-old) Date

For OFFICE USE ONLY

Medical Release in QB // Date _____



Male

Female

Medications
currently taken
of note:

Insurance Co.

Policy Number

Who shall we contact in case of emergency?

Emergency Contact	
Relationship	
Address	
City	
State	
Zip	
Home Phone	
Work Phone	
Cell Phone	
Email	

MEDICAL POLICY: IN CASE OF MEDICAL EMERGENCY, I UNDERSTAND EVERY EFFORT WILL BE MADE TO CONTACT PARENTS/GUARDIANS OR EMERGENCY CONTRACTS. IN THE EVENT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO AN EMPLOYEE, COACH, AND/OR MANAGER AT THE ROCHESTER FENCING CLUB TO SECURE PROPER TREATMENT FOR MY CHILD/RELATIVE/INDIVIDUAL AS NAMED ABOVE. I ALSO CONFIRM THAT THE ABOVE INFORMATION IS BOTH COMPLETE AND CORRECT

Fencer Signature

Date

Parent/Guardian Signature *(for fencers under 18 years-old)*

Date