



## Fencing Questionnaire & Medical/Accident Waiver

This information is intended to clarify some data that we hope will ensure that our fencers remain happy and healthy. We take pride in our ability to customize a fencing training program that will fit YOUR GOALS.

Name of  
fencer \_\_\_\_\_

Parents' names and Phone #'s  
\_\_\_\_\_

Home address  
\_\_\_\_\_

Does student have any physical limitations or former injuries?  
\_\_\_\_\_  
\_\_\_\_\_

In case of an EMERGENCY, please notify  
\_\_\_\_\_  
Telephone #  
\_\_\_\_\_

### CAUTION

Participation and physical exertion in sporting activities carries certain risks.....and in fencing, specifically, here are just a few examples: 1. One can be bruised by a hard hit. 2. One could receive a cut from the edge of a blade.

3. One could strain or pull a muscle while lunging. 4. One could be hit by broken blade causing a puncture wound.

5. One could twist an ankle or knee.

I, \_\_\_\_\_ understand that participation in fencing carries a certain amount of physical risk characteristic of all sporting activities and agree to hold harmless the teachers, the Fairfield Avenue School of Fencing, and Andy Shaw.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if under 18 years old)

\_\_\_\_\_  
Date