



CROSS ROADS FENCING CENTER, LLC
info@crossroadsfencing.com
508-733-7236

General Information

Name of Athlete: _____

USFA member number: _____ Date of Birth: _____

Session (location/date/time): _____

Address: _____

Phone number(s): _____

Email(s): _____

Mother's (or guardian) name if <18: _____

Phone number(s): _____

Email(s): _____

Father's (or guardian) name if <18 : _____

Phone number(s): _____

Email(s): _____

Preferred Emergency Contact: _____

Family Doctor: _____

Telephone: _____

Emergency Contact Person (if parents not available) or Next of Kin

Name: _____

Relationship: _____

Phone(s): _____

Person(s) other than parent / guardian authorized to pick-up athlete

Name: _____

Telephone: _____

Name: _____

Telephone: _____

1. Does Athlete have any insect, food or drug allergies? _____ If so, please specify:

2. Does Athlete have any medical or physical conditions that impact his ability to participate in the sport, or that we should be aware of? _____ If so, please specify:

3. Has the Athlete been exposed to any communicable diseases in the past 21 days? _____ If yes, what?

Medical Release. I, as the adult Athlete or as the Parent or Legal Guardian of a Minor Athlete, in my own behalf and on behalf of the Athlete, acknowledge and agree that such participation by the Athlete in Cross Roads Fencing Center subjects the Athlete to the possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, on my own behalf and on behalf of the Athlete, acknowledge that the Athlete is assuming the risk of such illness or injury by participating in the sport. In the event of such illness or injury, I authorize Cross Roads Fencing Center to obtain necessary medical treatment for the Athlete and hereby, on my own behalf and on behalf of the Athlete, release and hold harmless Cross Roads Fencing Center, its principals, officers, coaches, agents and the Marlborough Recreation Department in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Athlete for any illness or injury that the Athlete may sustain during his/her engagement in the sport and while in the premises in which Cross Roads Fencing Center operates.

Waiver of Liability. I, the undersigned adult Athlete or the Parent or Legal Guardian of the Athlete named above, agree as follows:

1. I consent to Athlete's participation in Cross Roads Fencing Center.
2. Recognizing the possibility of physical injury associated with fencing (minimal, serious, catastrophic and/ or death) and in consideration for the Cross Roads Fencing Center accepting the Athlete for its fencing programs and activities, I hereby release, discharge and/or otherwise indemnify the Cross Roads Fencing Center, its owners successors, coaches, employees, and agents, and the Marlborough Recreation Department as the owner of the facilities utilized for the program, and its staff, employees, agents, sponsors, etc., , against any claim by or on behalf of the Athlete as a result of the Athlete's participation in the program.

Rules of Conduct. I further acknowledge and understand that Cross Roads Fencing Center has established rules and regulations pertaining to conduct, behavior and activities of all Athlete participants, by which Athlete and I agree to abide during any activities associated with Crossroads Fencing Center (copy of which has been provided to me), and that Athlete and I will be responsible for his/her/my failure to abide by those rules and regulations. Athlete and I have received, read and understand the Code of Conduct. Athlete and I understand that violation of the rules can result in sanction or dismissal from participation with no refund.

Date: _____ Adult Athlete's Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____