

EMERGENCY CONTACT INFORMATION
June 6, 2016 to June 1, 2017

Fencer's Name: _____ for _____

Fencer's Student Number: _____ Fencer's Locker # _____

Fencer's Email: _____

Fencer's Home address: _____

Fencer's Phone #s: (home) _____ (mobile) _____

Fencer's Date of Birth: ____/____/____ Grade: ____ 9th ____ 10th ____ 11th ____ 12th

Fencer's Weapon(s) & Years Experience Per Weapon: Epee _____ Foil _____ Sabre _____

Weapon(s) that Fencer plans to fence during this season _____

Are you on Facebook? Parent: Yes or No Fencer Yes or No

Parent/Legal Guardian Emergency Contacts

(Please list in priority order of contact)

Contact 1: Name(s): _____ Email: _____

Phones: (home) _____ (mobile) _____ (office) _____

Relationship to Fencer: _____

Contact 2: Name(s): _____ Email: _____

Phones: (home) _____ (mobile) _____ (office) _____

Relationship to Fencer: _____

Contact 3: Name(s): _____ Email: _____

Phones: (home) _____ (mobile) _____ (office) _____

Relationship to Fencer: _____

Anyone who is **NOT** allowed to pick up Fencer from events: _____

Allergies/Medical issues/Medication (Anything else we need to know in an Emergency):

Please provide a copy of your health insurance card (front and back). If you do not have medical insurance coverage, we encourage you to consider the school insurance to see if it would be beneficial for your student.

Doctor: _____ Phone: _____

Medical Insurance Co. Name: _____

Member Name _____ Member ID# _____

Group ID# _____ Customer Service Phone _____

In the event of an injury or illness, I/we grant permission for First Aid and Emergency Medical Care to be provided for (Fencer Name) _____ by Emergency First Responders or Professional Medical Personnel. I/we understand that the above Emergency Contacts will be contacted but I/we understand and grant permission that emergency care may be sought before reaching any of the above contact persons.

X _____
Signature of Fencer _____ Date _____
Name (Print clearly): _____

X _____
Signature of Fencer's Parent/Legal Guardian _____ Date _____
Name (Print clearly): _____

X _____
Signature of Fencer's Parent/Legal Guardian _____ Date _____
Name (Print clearly): _____

BROOKWOOD HIGH SCHOOL FENCING CLUB

PERMISSION FORM & ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

I _____ (fencer's full name) understand and appreciate that participation in the sport of fencing carries a risk to me of serious bodily injury, including permanent paralysis or even death. I understand that fencing as an athletic activity involves physical exertion and that the sport of fencing involves aggressive physical contact with other participants. If I am under 18 years of age, I have my parent(s)' or legal guardian(s)'s full permission to participate in Brookwood High School Fencing Club, and my parent(s)/legal guardian(s) indicated their approval by signing below.

I knowingly and voluntarily recognize, accept, and assume the responsibilities as a member of the Brookwood High School Fencing Club. I will conduct myself in a respectful manner and practice good sportsmanship in all of my actions. I assume the risk of bodily injury or other medical conditions arising as a result of my participation in the sport of fencing and I assume the risk that such injury or condition could result in my death.

I understand that it is my responsibility to wear appropriate safety equipment, including the appropriate clothing, to all fencing practices, practice sessions, tournaments, or other activities sponsored by the Brookwood High School Fencing Club, Brookwood High School Fencing Booster Club, or On Guard High School Fencing League of Georgia, Inc. I understand that I am responsible for my own safety and for conducting myself in a safe manner at all times. By signing below I represent that to the best of my knowledge I do not have any medical condition(s), nor have I been given medical advice, that would preclude me from participating in a strenuous physical contact sport, due to illness, disability, medical condition, or any other reason.

I agree to hold harmless, indemnify, and hereby release Brookwood High School Fencing Club, Brookwood High School Fencing Booster Club, its coaches, sponsors, officers, volunteers, chaperones, members, guests, other participants, practice facilities (Cannon United Methodist Church, Grace Fellowship, or any other facility selected by the BHS Fencing Booster Club) and the On Guard High School Fencing League of Georgia, Inc. from any and all claims and liabilities of any kind in connection with my participation in the sport of fencing. This agreement shall also be binding on my personal representatives, heirs, and assigns.

This Assumption of Risk and Waiver and Release of Liability shall remain in full force and effect until such time as it is revoked in writing by the undersigned.

Please SIGN below ONLY after reading this entire document. Thank you.

X _____
Signature of Member/Fencer Date

Fencer's Full Name (Type or print clearly) : _____

X _____
Signature of Parent/Legal Guardian, (if Fencer is under age 18) Date

Parent/Legal Guardian Name (Type or print clearly): _____

X _____
Signature of Parent/Legal Guardian, (if Fencer is under age 18) Date

Parent/Legal Guardian Name (Type or print clearly): _____

**ON GUARD HIGH SCHOOL FENCING LEAGUE OF GEORGIA, INC.
WAIVER OF LIABILITY - YOUR SIGNATURE IS REQUIRED**

In consideration of my participation in the sponsored activities of the *On Guard High School Fencing League of Georgia, Inc.*, I acknowledge and agree that: I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a fencing event. I further agree on behalf of myself, my heirs, and personal representatives, that *On Guard High School Fencing League of Georgia, Inc.*, the host organization, the facility owner, and sponsors of any *On Guard High School Fencing League of Georgia, Inc.* sanctioned event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other damage occurring as a result of my participation in the event, or as a result of equipment that may have been provided to me for these activities. In the event of an injury or illness, I/we grant permission for First Aid and Emergency Medical Care to be provided for the fencer named below by Emergency First Responders or Professional Medical Personnel.

_____ BROOKWOOD HIGH SCHOOL
Fencer's name (please print) Member School

Fencer's Date of Birth: ____/____/____ Grade: ____9th ____10th ____11th ____12th

List Fencer's Weapon(s) & the Number of Years of Experience for Each Weapon:

Epee_____ Foil _____ Sabre_____

_____ _____
Fencer's Signature Date

*Signature of Parent / Legal Guardian is required if Fencer is under age 18:

_____ _____
Signature of Parent/Legal Guardian* Date

Parent/Legal Guardian Name (please print): _____

_____ _____
Signature of Parent/Legal Guardian* Date

Parent/Legal Guardian Name (please print): _____

GWINNETT COUNTY CONSENT and INSURANCE FORM

Student's Name: _____

Student's Address: _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I (we) hereby give consent for _____ to:

(1) Compete in athletics at Brookwood High School of the Gwinnett County School District in Georgia High School Association approved sports.

(2) To accompany any school team of which the student is a member on any of its local or out-of-town trips;

(3) and, I hereby verify that the information on both sides of this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

The student is domiciled at the above address located in the _____ High School District.

Have you attended this Gwinnett County school for at least one full school year? Yes ____ No ____

You live with (name of parent/parents/guardian): _____ at the address listed above.

Date of birth _____ Telephone _____

Date entered 9th grade _____ Your grade level this year _____

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

MEDICAL FORM AND AUTHORIZATION

I certify that the medical history on the Gwinnett County Medical Form is complete and accurate. I understand that this will serve as the basis for determining that my child, _____, may compete in high school athletics in Gwinnett County Schools. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations. In case of an emergency or accident on the school grounds or during any school activity involving my child, _____, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to physicians, consulting physicians, athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed appropriate by school authorities or an appropriate healthcare provider) unless I am present and request otherwise or until I later request otherwise.

INSURANCE INFORMATION

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the _____ school year, then sign below.

____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic athletics (including, but not limited to, fencing).

Company providing insurance: _____ Name of insured: _____

Policy#: _____

____ I wish to purchase the Benefit Plan provided by the Gwinnett County School System. (A signed copy of this Benefit Plan should be stapled to this form.)

By signing below, I/we acknowledge and affirm all statements above and consent to the participation by my child in the sport contemplated and assume all risks and liability of participation.

_____ Date _____

Signature of Parent/Legal Guardian Relation to Student: Mother ____ Father ____ Other ____

Print Name of Parent/Legal Guardian: _____

_____ Date _____

Signature of Parent/Legal Guardian Relation to Student: Mother ____ Father ____ Other ____

Print Name of Parent/Legal Guardian: _____

