

**Brookwood High School Fencing Club
&
Brookwood High School Fencing Booster Club**

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Note 1: Please make checks payable to BHSFBC. For record keeping purposes, please pay by check or money order. Payments are due in full no later than August 27, 2018. Late fee of \$50 will accrue if payment is not received on or before August 27, 2018. Students who have not paid by August 27, 2018, will not be allowed to participate in practice sessions.

Note 2: If you completed for summer fencing and there are no changes, please write “No changes” on the top and return.

Note 3: *A doctor’s physical exam is required in order to make certain that all fencers are prepared for the strenuousness of fencing.

Note 4: A copy of Fencer’s Medical Insurance Card (Front & Back) on 1 side of a piece of paper

Please complete the forms packet and return it to practice along with your fall semester payment beginning **Monday, August 27th**.

If you have any questions, please do not hesitate to contact us.

**Fees and signed forms are due no later than Monday, August 27th, 2018.
A late fee will accrue if payment is not received by that date.**

Patrick Kelley
President, BHSFBC
thebaldmonk@gmail.com

BROOKWOOD HIGH SCHOOL FENCING CLUB

2018 FALL PRACTICE SCHEDULE

Location:

Cannon United Methodist Church- Fellowship Hall (unless noted)

2424 Webb Gin House Road

Snellville, GA 30078

(An elevator is located inside the lobby of education building when you enter from back parking lot.)

Time: Mondays, 2:30 pm to 4:00 pm

Dates:

Monday, August 6, 2018

Monday, August 13, 2018

Monday, August 20, 2018

Monday, August 27, 2018

Monday, September 10, 2018

Monday, September 17, 2018

Monday, September 24, 2018

Monday, October 1, 2018

Mini Camp: Monday October 8, 2018 (School Holiday) Tentative

Monday, October 15, 2018

Monday, October 22, 2018

Monday, October 29, 2018

Monday, November 5, 2018

Monday, November 12, 2018

Monday, November 26, 2018

Monday, December 3, 2018

Monday, December 10, 2018

Mini Camp: A three hour mini camp will be held at a later time during Fall Semester.

Tentative Date: Monday October 8, 2018 (School Holiday)

Fees: \$240

(15 regular practice sessions, mini camp, League dues & League insurance)

No Refunds will be made even if fencer withdraws or does not participate in all events.

Please make checks payable to BHSFBC.

(For record keeping purposes, please pay by check or money order.)

Payments are due in full no later than August 27, 2018. Late fee of \$50 will accrue if payment is not received on or before August 27, 2018. Students who have not paid by August 27, 2018, will not be allowed to participate in practice sessions.

Fencer Signature

Date

Parent of Fencer Signature

Date

Parent of Fencer Signature

Date

*Please note below any activities you participate in and their practice days/times. This will help us with planning club outings and mini camps:

EMERGENCY CONTACT INFORMATION

Fencer's Name: _____
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): _____

CODE OF CONDUCT

The Brookwood High School Fencing Club is open to any BHS student interested in participating in the sport of fencing. However, participation at BHS Fencing Club is a privilege, NOT a right. Along with this privilege come expectations of behavior by fencers, guests, parents, volunteers, and staff in accordance with the following published Code of Conduct.

Revocation of Privileges: BHS Fencing Club reserves the right to suspend or revoke the club membership of any person whom the coach or staff finds has violated this Code of Conduct.

1. **No Discrimination.** Fencers, guests and staff of BHS Fencing Club are expected to treat other fencers, guests and staff at all times and in all respects in a manner free from discrimination or harassment on the basis of color, race, religion, gender, or sexual orientation. We have zero tolerance for hazing or similar dangerous behavior.

2. **Physical Safety.** Fencers are expected to exercise control of their actions and demeanor at all times and to exercise good judgment by fencing appropriately for the age, size, and experience level of their opponents. Fencers are expected to wear all safety equipment and appropriate clothing, including full-length pants (practice) or fencing knickers (tournaments). Fencers shall not, under any circumstances, raise a weapon in anger or retaliation, or toward any unmasked person or take weapons outside of the designated fencing room. Fencers may not remove mask or protective gear till they hear "Halt" at end of bout. Fencers must check masks & weapons before Tournaments.

3. **Sportsmanship.** Fencers need to arrive and be "ready to fence" on-time for events. Good sportsmanship is expected from all fencers at all times. Fencers are expected to conduct themselves in a respectful and courteous manner. Fencers are to exercise good judgment by fencing appropriately for the age, size and experience level of their opponents. Fencers are expected to salute their opponent and the director before and after each bout and to shake hands with their opponent after each bout in a sportsmanlike manner.

4. **Equipment.** Fencers are expected to keep all equipment owned by them in safe working order and are responsible for the suitability and condition of that equipment at all times.

5. **Club Activities.** All club activities must be treated with respect by fencers and guests. Families, friends, and visitors must not interrupt or disrupt any ongoing activity or any coach or instructor. Good-spirited cheering for our fencers during tournaments is allowed. Any disruptively loud, negative comments or mean-spirited jeering will not be tolerated.

6. **Club Dues & Fee Payments.** Fencers are expected to promptly pay all club membership fees, equipment costs and all other amounts when due, or risk losing club membership.

7. **Tournament Conduct.** Club members attending tournaments represent BHS Fencing Club. Members are bound by the rules of fencing and the USFA code of conduct regardless of whether they are participating in a local, regional, national, or international competition. Any fencer representing BHS Fencing Club who breaches these rules and/or code of conduct is subject to dismissal from the club.
(www.usfencing.org Click on: Athletes and Coaches, Athlete Handbook – Section 8.3)

8. **Ejection.** If during any BHS Fencing Club event, (i.e.; practices, tournaments or fundraising events), a fencer, parent or guest threatens the safety of other fencers, guests or staff, any member of the staff may immediately escort the threatening individual from the applicable premises. No children under age 12 are permitted on the fencing floor.

9. **Staff Leadership.** Only BHS Fencing Club Staff members (Coaches or Booster Club Officers) are allowed to make policy. NO ONE ELSE is responsible for creating club regulations or policies. Under **NO** circumstances should a parent or fencer give any fencing instructions except under the direction and supervision of the Coach. Anyone violating this request will be asked to leave.

10. **Pick-up/Departure Time after Fencing Events.** PER LAW AND SCHOOL POLICY, and for the safety of our children, all students must be picked up promptly at the end of each event. If a fencer is picked up after practice later than 4:15 PM or more than 15 minutes after Tournaments or Club events are over, more than twice in a semester, the fencer will be asked to leave the team.

11. **Parent Meetings.** We will occasionally have Parent Meetings, as we need to address the Club's needs, safety issues and any new policies or requirements. At least one parent or legal guardian for each fencer needs to attend these meetings. We will send emails in advance to announce these meetings. Fencers may attend most of these meetings, unless otherwise requested by Club Staff.

12. **FORMS REQUIRED TO FENCE. PARENT'S SIGNATURES REQUIRED!** In order to participate in any BHS Fencing Club event (including practices) ALL BHS Fencers must have their parents/legal guardians complete and sign all of the forms provided by the President or Secretary of the Club.

13. **Violation of Code of Conduct.** Students who violate the BHSFC Code of Conduct will be subject to temporary suspension or dismissal based on the BHSFC review board findings. The review board will consist of a Brookwood High School teacher sponsor, fencing coach, parent sponsor, team captain and 2 BHSFC fencers.

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

X _____
Signature of 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): _____

Please keep a copy for your records.

Brookwood High School Fencing Club

Lettering Requirements

The following basic criteria must be met in order to earn a BHS letter for fencing: (Criteria may be updated as school or club regulations require.)

1. Student must actively and safely participate in 75% of the club practices for the school year (unless approved by coach or sponsor).
2. Student must participate in at least four (4) tournaments per school year.
3. Dues must be paid in full for current fencing year.
4. All fencers must exhibit good sportsmanship by:
 - Wearing appropriate attire to all practices and tournaments.
 - Respecting Fencing Coach, fellow fencers, parent volunteers, referees, League fencers, etc.
 - Displaying team spirit.
 - Helping other members of the team.
 - Maintaining dignity and appropriate behavior during practices and tournaments.
 - Maintaining good citizenship on and off campus.
 - Remaining until end of Tournament to receive award (unless prior notice is given to Coach or Club President).
 - Contributing to concessions or making donation for concessions for BHS hosted Tournament.
 - Assisting with Set-up and Clean-up, before and after Tournaments/Practices.
5. Fencers must maintain a 2.5 GPA or higher.
6. Fencers must obey all rules in the BHS Fencing Club Code of Conduct.

Late/Missed Practices: If a fencer has an excused absence on the day of a scheduled practice, he or she must notify the Student Board prior to the following practice date. If absences exceed the requisite percentage to letter and it is not due to illness or issues beyond the fencer's control, then fencer may not be eligible to letter. Fencers may makeup up to 4 missed practices by participating in community service events for our host churches (i.e. pumpkin patch, Christmas tree lot, cleanup days) and/or volunteering for fencing club events such as the homecoming parade, freshman night, etc.)

I acknowledge the lettering requirements.

Signature of PARENT/GUARDIAN

Date

(PLEASE PRINT) Parent/Guardian's Name

Signature of PARENT/GUARDIAN

Date

(PLEASE PRINT) Parent/Guardian's Name

Signature of Student

Date

(PLEASE PRINT) Fencer's Name

MEDIA RELEASE FORM
Brookwood High School Fencing Club
Brookwood High School Fencing Booster Club

I hereby give my consent to all photographs, audio recordings, academic work, and/or video recordings taken of me or my minor child by Gwinnett County Public School staff or their designee. I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of the local school or district and may be used by the school, district, or others with their consent, for educational, instructional, or promotional purposes created in the future. This consent extends to the Brookwood High School Fencing Club and its Booster Club as well as its members and representatives. Please check one of the options below:

_____ Yes, I give my consent. _____ No, I do not give my consent.

Date: _____

Student's Name: _____
(Please print)

Parent(s)/Guardian(s)' Name(s): _____
(Please print)

(Signature(s) of Parent(s)/ Guardian(s))

Mailing Address: _____

Telephone: _____

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): _____

Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL: _____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give _____ High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2018-2019 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date