



Registration Form

Please print all information

LAST NAME: _____ FIRST NAME: _____

SEX: M F

BIRTH DATE: (DD) / (MM) / (YYYY) _____

STREET ADDRESS: _____

POSTAL CODE: _____ HOME PHONE: _____

EMAIL: _____ CELL: _____

LANGUAGES UNDERSTOOD: E F PREFERRED LANGUAGE: _____

TYPE OF MEMBERSHIP:

<input type="checkbox"/> Regular (Military) – \$40	<input type="checkbox"/> Ordinary (Dependent) – \$50	<input type="checkbox"/> Associate (Civilian) – \$60	<input type="checkbox"/> Child (12 and under) – \$25
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EMERGENCY CONTACT: _____

RELATION TO FENCER: _____

PHONE: _____ WORK PHONE: _____

CELL: _____ EMAIL: _____

MEDICAL INFORMATION:

ALLERGIES: _____

ASTHMA: Y N MEDICATIONS: _____

OTHER MEDICAL CONDITIONS: _____

FAMILY PHYSICIAN: _____ PHONE: _____

HEALTH CARD NO.: _____

I, the undersigned, do hereby acknowledge,

I understand that traveling with the Moose Jaw Matadors Fencing Program involves certain risks and dangers which are inherent to transportation.

I recognize the risks inherent in travel and accept these risks freely, hereby releasing Moose Jaw Matadors and all its agents and employees for any loss, damage, injury or expense suffered by me in connection with all activities associated within the scope of traveling with the Moose Jaw Matadors Fencing Program.

In consideration of being permitted to travel with the Moose Jaw Matadors Fencing Program, I hereby release and forever discharge from any claim and liabilities whatsoever without limitation I might have against Moose Jaw Matadors in any of the activities I am involved in, and make this release on behalf of my heirs, executors, administrators or assigns.

I understand that participation in Moose Jaw Matadors Fencing involves certain risks and dangers which are inherent to sports while training or competing at any level.

I recognized the risks inherent in athletic preparation and competition and accept those risks freely, hereby releasing Moose Jaw Matadors and all its agents and employees from any responsibility associated with that risk.

In consideration of being permitted to compete in the Moose Jaw Matadors Fencing Program, I hereby release and forever discharge from any claim and liabilities whatsoever without limitation I might have against Moose Jaw Matadors and the Saskatchewan Fencing Association in any of the activities I am involved in, and make this release on behalf of my heirs, executors, administrators, or assigns.

Athlete's Signature

Date

Parent/Guardian's Signature, if under the age of 18

Date

Permission to participate and provide medical treatment

I HEREBY give permission for _____ to participate in Moose Jaw Matadors Fencing and undergo appropriate first aid and medical treatment for ANY injury or illness that he/she may sustain or acquire while engaged in fencing for the Moose Jaw Matadors, including team travel for local and out-of-town trips. I understand that if me or my child suffers an injury or illness that may put life or limb at risk, Emergency Medical Services will be immediately summoned for transport to the hospital, the athletic trainer will initiate emergency medical intervention(s) within the scope of professional practice until EMS arrives, and the parent/guardian will be notified as rapidly as possible.

Having understood the above agreement, I acknowledge that medical treatment will be provided to me or my child as deemed necessary for emergency and non-emergent injuries and illnesses.

Signature of Athlete or Parent/Guardian (if under 18)

Date