



Vivo Fencing Club Enrollment Form

Fencer's First Name

Last Name

DOB

Address

City

State/Zip

Home Phone #

Cell Phone #

Email

Father's Name (if fencer is under 18)

Cell Phone #

Email

Mother's Name

Cell Phone #

Email

Medical Conditions:

Waiver of Liability

I understand and appreciate that participation in any sport carries a risk of serious injury. I knowingly accept and assume this risk and release Vivo Fencing Club, its sponsors, instructors and officers of any liability.

Signature

Date

A parent or guardian must sign for students under the age of 18

Consent for Medical Treatment

I give my consent for the staff and coaches of Vivo Fencing Club to obtain medical care from any licensed physician, hospital or clinic for any injury or illness that may arise during activities associated with Vivo Fencing Club.

Signature

Date

A parent or guardian must sign for students under the age of 18

Consent to Abide by Club Policy

By signing below, I acknowledge that I have read and agree to abide by the Vivo Fencing Club Policy.

Signature

Date

A parent or guardian must sign for students under the age of 18