

CONCORD FENCING CLUB
MEDICAL HISTORY QUESTIONNAIRE

(Must accompany Membership Application)

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| 1. Is there a physical condition which might prevent you from fully participating in the physical activities of this class? | |
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| 2. Do you have a physical condition which needs to be brought to the attention of the instructor (i.e. asthma, diabetes, seizure disorder, allergies, etc.)? | |
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| 3. Are you currently under a doctor's care? | |
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| 4. Are you taking medications of <u>any</u> kind (prescription, over-the-counter, naturopathic, "as-needed", etc.)? Please list. Use the back of this form if more space is needed. | |
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| Name: | Date: |
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CONCORD FENCING CLUB

SAFETY PLEDGE AND ASSUMPTION OF RISK

(Must accompany Membership Application)

_____ is enrolled in a fencing class at Concord Fencing Club. All students assume the risks inherent in the sport of fencing. As individuals, they can do much to limit this risk by the way they conduct themselves during class, practice and competition.

All students agree to the following terms:

1. I understand the risks involved in participating in this activity.
2. I will participate fully in conditioning drills to prepare for the stresses of the sport.
3. I will wear the required, properly fitted, protective equipment, and agree to notify the instructor if it is not in good repair.
4. I agree to obey rules and to specifically refrain from actions which may cause injury to myself or others.
5. I agree to equip myself and practice with weapons only after I have been instructed in their proper use.
6. I will report any accident or injury to the course instructor, coaching staff, or competition officials immediately.
7. I will take action to call an unsafe situation to the attention of the instructor, coaching staff, or competition officials immediately.

Student Signature

Date

Parent Signature