

International Fencing Camp

Sonoma County, California • July 26th to 30th, 2004

Medical and Insurance Information

Name of fencer: _____ Date of birth: _____

Insurance carrier: _____ Policy number: _____

Address of carrier: _____

Name of policy holder: _____

Consent for Emergency Medical Care (To be completed by parent or legal guardian for fencers under the age of 18 years.)

I, _____ give the Sonoma Fencing Academy and any of that organizations designated staff permission to seek medical assistance and to give consent in my absence for emergency medical treatment for my son/daughter,

_____.

Signed: _____ Date: _____

Relationship: _____

Information requested below is for use in the event of a medical emergency only.

1. Do you have a primary care physician? Please give name, address, and phone number.
2. Do you have any chronic health problems or conditions? Please list.
3. Do you have any breathing problems (asthma, hay fever, etc.) or heart problems?
4. Do you take any prescription medications? Please list by name, dosage, and frequency.

5. Are you allergic to any medications? Please list.

Waiver of Liability

(Parents, please fill out for minors)

I, (print name) _____ do hereby release the
Sonoma Fencing Academy and the staff of the International Fencing Camp from any liability resulting
from injury, accidents, or any other mishap which might befall (print name of participant)
_____ while traveling to,
traveling home, or participating in the International Fencing Camp.

Signature: _____ Date: _____