

Red Stick School of Fencing Student Information

Camper Name: _____

Gender: Male ___ Female ___

Date of Birth: ___/___/___

Parent or Guardian Name(s):

Address: _____

City: _____, State: _____, Zip Code: _____

Contact Phone Number : _____(please circle HM, WK, CL)

E-Mail: _____

Preferred method of contact: Phone or E-Mail

Emergency Contact: _____ Phone: _____

Preferred Summer Camp Date:

Ages 7-9

___ June 3-7

___ July 8-12

Ages 10-12

___ June 17-21

___ July 15-19

Camp runs M-F 9am-4pm, Before Care (BC) and/or After Care (AC) available.

___ Number of Children Attending Camp, \$130 each (\$30 deposit to hold spot)

___ BC +\$20 (7-9am) ___ AC +\$20 (4-6pm) ___ Both BC/AC +\$30

Please Mail or Drop off completed forms with deposit or full payment.

Mailing Address:

Red Stick School of Fencing
4520 S. Sherwood Forest, Suite 104, PMB 234
Baton Rouge, LA 70816

Facility Address:

Red Stick School of Fencing
15450 George O'Neal Rd, Suite 11
Baton Rouge, LA 70817

Red Stick School of Fencing
NOTICE of PHYSICAL CONTACT

Fencing is a contact sport involving the use of a metal blade to “touch” an opponent. Occasionally, through attempts to make “touches”, physical body-to-body collisions may accidentally occur. Such touches and collisions in practice or competition may occur to any part of the body. Minor bruises and scratches are commonplace and most students will encounter some type of minor injury in training or competition. More serious injuries are possible and, however infrequent, students need to be aware of this possibility despite the safety precautions taken. Female students are required to wear a rigid chest protector and male students are highly encouraged to wear rigid chest protectors and consider the use of a sports cup.

When male and female students train together, or when adults and minors train together, or in any other training combination, the purpose and intent of the Red Stick School of Fencing and its organizers, agents, officials, coaches, instructors and representatives is to provide a safe environment for all students to learn and practice fencing. Students are expected to conduct themselves in an appropriate manner at all times. Fencers are expected to shake hands with their instructors and /or opponents following bouts and /or on class completion.

Some contact is necessary when training, for example the use of hands to position arm, wrist, hand, legs, feet, head and body. Should any student feel that a training partner, instructor, coach, or anyone associated with RSSF is engaging in contact beyond the scope of training, the student has the right to withdraw from the exercise or drill and report the incident in private to the Red Stick School of Fencing and its organizers, agents, officials, coaches, instructors and representatives and/or the proper legal authorities if necessary.

I, _____
(Legal Name of Parent or Guardian, Please print legibly)
of _____,
(Full Address of Parent or Guardian)
being a legal adult and parent or legal guardian of the minor _____

(Legal Name of Minor, Please print legibly)

understand the nature of physical contact in fencing training and competition and I understand that I have the right to withdraw the named minor from any training or competition in which the conduct of any party seems beyond the scope of said training or competition and/or makes the named minor or myself uncomfortable. The named minor shall be instructed to abide by school etiquette in all matters and shall not in any way conduct them self inappropriately or take advantage of the contact fencing training or competition allows.

Print (Legal Name of minor participant)

Print (Legal Name of parent or guardian)

Signature (Legal Name of parent or guardian)

_____, 20____
Date

Red Stick School of Fencing
AUTHORIZATION FOR MEDICAL TREATMENT of MINORS

I, _____
(Legal Name of Parent or Guardian, Please print legibly)
of _____,

(Full Address of Parent or Guardian)

being a legal adult and parent or legal guardian of the minor _____
(Legal Name of Minor, Please print legibly)

authorize the Red Stick School of Fencing and its organizers, agents, officials, coaches, instructors and representatives, as agents of myself in my absence or incapacitation to consent to any x-ray examination and anesthetic, medical, surgical diagnosis or treatment and medical care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act, on the medical staff of any hospital, whether or not such diagnosis or treatment is rendered at the office of said physician or at said hospital. I authorize the use of CPR and first aid skills by those adults certified in said skills to assist in any circumstance that they judge their skills would be necessary and helpful.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician in the exercise of his or her best judgment may deem advisable.

I hereby authorize any hospital, which has provided treatment to the above-named minor, to surrender physical custody of such minor to the above-named agents upon completion of treatment.

Through this authorization, I assume responsibility for all decisions made, provided they are reasonable decisions under the circumstances based upon the knowledge and understanding of the person or persons making the decisions. I Trust their judgment and offer the benefit of the doubt to them in any claim or legal proceedings. This presumption can only be overcome by clear and convincing evidence that the person or persons acted with malice or willful gross negligence.

List any limitations to treatment:

(Name of Insurance Carrier)

(Name of Policy Holder)

(Policy Number)

(Full Address of Carrier)

Print (Legal Name of Parent or Guardian)

Print (Legal Name of Minor)

Signature (Legal Name of Parent or Guardian)

_____, 20____
Date

Red Stick School of Fencing
MINOR'S WAIVER and INFORMED CONSENT to PARTICIPATE
(Required of all minors participating in RSSF fencing-related activities.)

I, _____
(Legal Name of Parent or Guardian, Please print legibly)
of _____,
(Full Address of Parent or Guardian)

being a legal adult and parent or legal guardian of the minor _____
(Legal Name of Minor, Please print legibly)

having read and understood the contents of this document, and being fully cognizant of the nature and characteristics of the RSSF fencing-related activities (such as group classes, private lessons, practice bouts, warm-up exercises, footwork drills, fencing demonstrations, and tournaments), do hereby agree and consent to the provisions contained herein.

It is the intention of the aforesaid minor person to participate in the fencing-related activities sponsored by the RSSF. The minor and I hereby acknowledge that we are fully aware of the nature and purpose of the activities of the Red Stick School of Fencing. The minor and I acknowledge that these activities are potentially dangerous and that the minor and I voluntarily accept any risks involved. In consideration of the minor being permitted to take part in these activities, the minor and I agree to be bound by the rules of the RSSF and the USFA and to obey the directions of the coaches and other governing officials of these activities. In consideration of the said minor being permitted to take part in these activities, I agree to release, save harmless and keep indemnified the Red Stick School of Fencing, its organizers, agents, officials, coaches, instructors and representatives from and against all claim, action, costs, expenses and demands in respect to death, injury, loss or damage to said minor's person or property, however caused, arising out of or in connection to or occasion by the negligence of the said body or any of its agents, officials, coaches, instructors or representatives. It is understood and agreed that this agreement is to be binding on myself, upon the said minor person, and upon my and their heirs, executors and assigns.

Print (Legal Name of Parent or Guardian)

Print (Legal Name of Minor)

Signature (Legal Name of Parent or Guardian)

_____, 20____
Date

ARBITRATION CLAUSE: _____ (P/GInt)

Should any dispute arise between myself and the Red Stick School of Fencing and its organizers, agents, officials, coaches, instructors and representatives then I specifically agree that the dispute shall be resolved in binding arbitration. Should a suit be filed in Court, I specifically authorize the court to order the case to binding arbitration.

SEVERABILITY: _____ (P/GInt)

If any clause, sentence, phrase, or statement, is found unenforceable or invalid by any Court of law, the remainder of the document shall remain valid and enforceable. The invalid clause sentence, phrase or statement shall be considered struck from the document.

DURABILITY: _____ (P/GInt)

This document is effective from the date signed with no expiration. Furthermore, the terms of this document are retroactive to the beginning of training and visiting the school.