



ALPHARETTA HIGH SCHOOL FENCING CLUB
CONTACT INFORMATION

Fencer's Name: _____ Fencer's Email: _____

Fencer's Home address: _____

Fencer's Phone #s: (home) _____ (mobile) _____

Fencer's Date Of Birth: ____/____/____ Grade: ____9th ____10th ____11th ____12th

Parent/Legal Guardian Contacts
(Please list in priority order of contact! 1st, 2nd, 3rd etc.)

Name: _____ Email: _____

Phn#s: Home: _____ Cell: _____

Office: _____ Relationship to Fencer: _____

Name: _____ Email: _____

Phn#s: Home: _____ Cell: _____

Office: _____ Relationship to Fencer: _____

Name: _____ Email: _____

Phn#s: Home: _____ Cell: _____

Office: _____ Relationship to Fencer: _____

Anyone who is NOT allowed to pick up Fencer from events: _____

(Please see Faculty Sponsor to give additional instructions)

Allergies/Medical issues/Medication (Anything else we need to know in an Emergency):

Doctor: _____ Phone: (o) _____ (m) _____

Medical Ins Co Name: _____ Plan Type _____

Member Name _____ Member ID# _____

Group ID# _____ Customer Service Phone # _____

In the event of an injury or illness, I/we grant permission for First Aid and Emergency Medical Care to be provided for (Fencer Name) _____ by Emergency First Responders or Professional Medical Personnel in the event that the above Emergency Contacts cannot be reached.

X _____ X _____

Signature of Fencer - or Parents/Legal Guardian, (if Fencer is under age 18) _____ Date _____

Name(s) (Please TYPE): _____ / _____