

Long Island Fencer's Club

5507 Nesconset Highway, Suite 10-163
Mount Sinai, New York 11766
(631) 431-4100

Fencer's Name (First MI Last): _____

DOB: ___/___/_____ Gender: M___ F___ Grade: ___ Right Hand: _____ Left Hand: _____

School District: _____ School: _____

High School Fencer: Yes ___ No ___ High School Coach: _____

USA Fencing Membership #: _____ Started Fencing: ___/___/_____

Allergies and/or Medical Concerns: _____

Fencer's Name (First MI Last): _____

DOB: ___/___/_____ Gender: M___ F___ Grade: ___ Right Hand: _____ Left Hand: _____

School District: _____ School: _____

High School Fencer: Yes ___ No ___ High School Coach: _____

USA Fencing Membership #: _____ Started Fencing: ___/___/_____

Allergies and/or Medical Concerns: _____

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High School Fencer: Yes ___ No ___ High School Coach: _____

USA Fencing Membership #: _____ Started Fencing: ___/___/_____

Allergies and/or Medical Concerns: _____

Secondary

Emergency Contact: _____ Relationship: _____

Cell Phone: _____

I certify that I have read the "Waiver of Liability" and thereafter printed my name, affixed my signature and date to the Long Island Raptor's "Waiver of Liability" form _____ (initials).

I certify that I have read the "Image Release Waiver" and thereafter printed my name, affixed my signature and date to the Long Island Raptor's "Image Release Waiver" _____ (initials).

I certify that I have read the "Club Membership Policies" and thereafter printed my name, affixed my signature and date to the Long Island Raptor's "Club Membership Policies" _____ (initials).

Parent/Signature: _____ Date: ___/___/_____

Print: _____