

Sheboygan Fencing Club
Member & Emergency Contact Information

Fencer Information:

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Email: _____ Birthdate (if under 18): _____

Parent/Guardian Information: (if Fencer is under 18)

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact(s) (at least one required):

Name 1: _____ Relationship: _____

Address: _____

Phone: _____ Alternate Phone: _____

Name 2 : _____ Relationship: _____

Address: _____

Phone: _____ Alternate Phone: _____

Medical Concerns (known conditions, allergies, medications, special instructions, physician/hospital information or preferences, etc.) *Each Fencer (or Parent/Guardian, if under 18) is responsible for verifying with his/her own physician that he/she is healthy enough to participate in SFC activities.*