



Park City Fencing Academy Registration Form

Name _____ DOB _____

Address _____

Parents _____ Married yes no

Telephone #s _____

Email _____

Allergies _____

Emergency Contact Person _____

Phone # _____ Relationship _____

How did you hear about us? _____

Waiver of Liability

I hereby release Elaine Aliberti, Park City Fencing Academy, volunteers and staff, PC MARC, Park City Municipal Corporation, and Park City Day School from any liability arising from the participation of _____ in the sport of fencing or any related activities.

Signed _____ dated _____

Signed _____ dated _____

Parents are responsible for the timely drop off and pick up of their children from Park City Fencing Academy sponsored practices and classes. I understand that Elaine Aliberti , PCFA, volunteers and staff, PC MARC, PCMC, PCDS are not responsible for _____ before or after practice or should they leave during practice.

Signed _____ dated _____

Signed _____ dated _____

Consent for Medical Treatment

I give my consent to Elaine Aliberti and Park City Fencing Academy to obtain medical care from any licensed physician, hospital, or clinic for _____ for any injury or illness that may arise during activities associated with participation in the Park City Fencing Academy Program.

Signed _____ dated _____

Signed _____ dated _____