

Midcoast Fencing Athletic Club

Health & Safety Form

Please fill this form out for yourself or on behalf of your child/dependent. The purpose of this form is to make the fencing club as safe and welcoming as possible for you and everyone else.

Do you/your child have any health issues such as: asthma, type 1 diabetes, allergies that require an epipen, or seizures? If so, please explain:

Have you/your child sustained any injuries or had surgery recently?

Have you/your child ever received a diagnosis such as autism, Bipolar I or schizophrenia? Are there any mental health issues that could cause harm to yourself or others during class?

Do you/your child have any history of anger or aggression? Has there ever been an instance that resulted in injury to yourself or someone around you?

Is there any other information pertaining to health and safety that should be known?

Name + Signature: _____

Date: _____

Please print at least one emergency contact, name + number:
