

2024 NFA FENCING CUP

Fencing Tournament Registration Form

Address: 160 Little Falls Recreation Center (main gym) NJ 07424

Date: SATURDAY, MAY 18, 2024, **Starting Time:** 10:00 AM

➤ **Saber** ___ > **Foil** ___ > **Epee** ___ (check here)

Attention: Fencers must be present no later than 15 min. before starting time***

Fencer's Name: Last _____ First _____

Address: _____

Phone number: ___ / ___ / ___ **Date of Birth:** ___ / ___ / ___

Email Address: _____

> **Regular Tournament Fee: \$55.00** -Check here: _____

Deadline: 05/08/24 > **After Deadline Late Fee: \$75.00** -Check here _____

Entry Fee: Including \$30.00 club rental fencing equipment - \$85.00-Check here _____

Notice: Payment by Check, ZELLE or Cash ONLY! (NO credit card)

> Please send NFA registration form by mail includes full payment to:

NFA P.O. BOX 455. Hamburg NJ 07419

I am the Parent of the named minor (under 18 years of age) and I Agree to:

Cooperate and to conform with directions and instructions of the Tournament Organizers, activity cosponsors, and/or NFA representatives in charge of the tournament, with the rules and regulations of National Fencing Alliance, LLC & the USFA, and all directions given by tournament officials and organizers, activity cosponsors, and/or their representatives.

WAIVER OF LIABILITY: I understand that participation in any sporting activity carries a certain degree of risk for injury. Upon entering this tournament, I agree to abide by the current rules and safety regulations of the USFA, National Fencing Alliance, LLC Failure to follow these rules and regulations will result in expulsion and no refund of fees will be made. Expulsion is at the sole discretion of the Tournament Organizers or Bout Committee, and the decision may not appeal. I enter this activity at my own risk and release the Tournament Organizers, National Fencing Alliance- LLC, Little Falls Recreation Center, Maestro Mark Trudnos, NFA Coaches, Referees, volunteers, sponsors, and organizers from any liability. I understand that reasonable measures will be taken to safeguard the health and safety of the group. I have read and understand the forgoing statements and agree to assume the responsibility stated and waive all claims.

➤ **NOTICE:** Please turn this page over and sign on the other side ***

CONSENT FOR MEDICAL TREATMENT

This is to certify that on this date I, (Parent Name): _____ / _____

Give my consent to the Tournament NFA Local Organizer or their representative and/or National Fencing Alliance, LLC fencing club to obtain medical care from any licensed physician, hospital or clinic for the above name athlete for any injury or illness that may arise during this activity. In the event of sickness or accidents, I will not hold the tournament organizer, Little Falls Rec Center, National Fencing Alliance, LLC, NFA & coaches & staff, USFA and personally Maestro Mark Trudnos. In case of sickness or accident, I authorize the calling of a medical doctor and/or providing of other necessary medical services. I agree to pay for those medical services that are deemed necessary by medical authorities.

Parent Signature: _____ **Date:** ____ / ____ / _____