

TOURNAMENT ENTRY FORM

1 TOURNAMENT NAME

2 HOW DID YOU HEAR ABOUT THE TOURNAMENT?
.....

3 FENCER

LAST NAME

FIRST NAME

GENDER (CIRCLE) M F

DATE OF BIRTH

EMAIL ADDRESS

ADDRESS

CITY ZIP

PHONE

MEDICAL CONDITIONS THAT TOURNAMENT COMMITTEE NEEDS TO BE
AWARE OF

SKILL LEVEL (CIRCLE) BEGIN. INTERMED. ADVANCE.

CLUB

USFA MEMBERSHIP NO.

4 EMERGENCY OR ACCOMPANYING PERSON

LAST NAME

FIRST NAME

RELATION TO FENCER

MOBILE PHONE

EMAIL ADDRESS

5 WAIVER OF LIABILITY

UPON ENTERING THIS TOURNAMENT UNDER THE AUSPICES OF THE USFA, I
AGREE TO ABIDE BY THE CURRENT RULES OF THE USFA. I ENTER THIS TOUR-
NAMENT AT MY OWN RISK AND RELEASE THE USFA AND ITS SPONSORS, REF-
EREEES, AND TOURNAMENT ORGANIZERS FROM ANY LIABILITY. THE
UNDERSIGNED CERTIFIES THAT THE BIRTH DATE OF THE INDIVIDUAL IS AS
STATED ON THE ENTRY FORM.

FENCER SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

6 MEDIA RELEASE CLAUSE

DURING THE TOURNAMENT FENCERS, THEIR GUESTS, PARENTS, GUARDIANS,
RELATIVES MAY BE PHOTOGRAPHED AND VIDEOTAPED. THE PICTURES AND
VIDEO FOOTAGE MAY BE USED ON THE ESCRIMEUR WEBSITE AND IN VARIOUS
ESCRIMEUR PROMOTIONAL MATERIALS.

PLEASE INDICATE IF IT IS ACCEPTABLE FOR THE FENCER'S AND HIS/HER
GUESTS', PARENTS', GUARDIANS', RELATIVES' PHOTOGRAPHS AND/OR VIDEO
FOOTAGE TO BE USED IN THE ESCRIMEUR ELECTRONIC AND PRINTED MEDIA. IF
NO OPTION IS SELECTED, IT WILL BY DEFAULT BE CONSIDERED AS "YES":

(CIRCLE) YES NO

FENCER SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

ESCRIMEUR
FENCING CLUB

BEST FENCING TRADITIONS.
STYLE. RESULTS. SPORTSMANSHIP.

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