

NIFC Participant Data Sheet

Class Name (Can Be Found on Registration Form): _____

Fencer First Name: _____ **Fencer Last Name:** _____

Address: _____

City, State: _____ **ZIP:** _____

Fencer Cell Phone (If applicable): _____

Fencer Email Address (If applicable): _____

Birth Date: _____ / _____ / _____ **Gender:** Male Female

REQUIRED (PARENT OR GUARDIAN FOR MINORS):

Emergency Contact #1 Name: _____

Relationship to Fencer: _____

Emergency Contact #1 Number: _____

Emergency Contact #1 Email Address (For Minor Participants ONLY):

_____

OPTIONAL:

Emergency Contact #2 Name: _____

Relationship to Fencer: _____

Emergency Contact #2: Number: _____

REQUIRED FOR INSURANCE PURPOSES:

If you do not have a USA Fencing Membership, please go to:
https://member.usafencing.org/free-trial to register.

The membership number will be written on both the confirmation page & email.

USA Fencing Membership Number: _____