



Fresno Fencing Academy

435 W. Shaw Ave, Fresno, CA 93704
Phone: (559) 224-1910

www.fresno-fencing.com

Parental Medical Permission Form

Minor Fencer Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Birth Date: _____ Gender: Male Female

Please list the minor's medical conditions, allergies to medications, or other allergies:

Medical Insurance Company: _____

Policy/Group #: _____

Emergency Contact (other than Parent):

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Parental Permission:

I, _____ give my permission to Sara Kilgore or any staff of Fresno Fencing Academy to seek medical help for my minor child _____ in my absence or unavailability, including dates and times in which my minor child will be traveling or training with Fresno Fencing Academy.

Parent Signature: _____ Date: _____

Parent Name: (PRINTED): _____