



Date: \_\_\_\_\_

## Pick Up Authorization

The following individuals are authorized to pick up my child, \_\_\_\_\_,  
from the Renaissance Fencing Club:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

## Consent for Medical Treatment of a Minor

This is to certify that I, \_\_\_\_\_, give my consent to Renaissance Fencing and its representatives to obtain medical care from any licensed physician, hospital or clinic for the below mentioned individual for any injury or illness that could arise from activities associated with Renaissance Fencing.

Minors Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent or Guardian

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**If you have any specific instructions for us in case of injury, please note them below.**