



**2018-19 NAC, DVI Championship &
Junior Olympic
Individual Entry Form**

NAC CODE
See list below (Example: OCT NAC)

Please type or print all information. Read and complete both pages of this form. You must follow the procedures on pages 1 and 2 for the USA Fencing Office to acknowledge the receipt of entry. If your entry is received after the regular fee deadline, you must register online at triple fees. The entry must be in the office by the posted deadline. Postmarks will not be considered. Entries will not be accepted until registration opens, as indicated by the dates listed below. Your entry must be accompanied by valid payment. Once your entry is processed, you will receive a confirmation email with the receipt included (to the email address in the fencer's profile). If you don't receive that email, contact the national office immediately.

Fax entries to: • Fax: (719) 325-8998 **OR** Email Entries to: a.gardner@usafencing.org

Please Complete Fencer Information Below

USA Fencing Membership # _____ Birth Date ____/____/____ Country _____ Circle Gender: Male Female

Last Name: _____ First Name: _____ Coach Name: _____

Email Address: _____ Phone Number: () _____

Competition Club _____ Secondary Club _____ Current NCAA School (if applicable) _____

List the event(s) per day below: (Example DVIWE, JNRMF, Y14ME)

Friday	Saturday	Sunday	Monday

If the athlete isn't qualified for any of these events, the national office will contact the fencer via email.

Method of Payment:

- Check or Money Order (make out to "USA Fencing")
- Credit/Debit Card (please complete ALL information below)

Visa Mastercard AMEX Discover

Cardholder Name _____

Cardholder Billing Address _____

Card # _____

Expiration Date _____

CVV _____

Signature: _____

Nonrefundable Registration Fee	\$75.00
Nonrefundable Admin Fee	\$10.00
Event Fee(s) _____ x\$95	\$
Total Amount Due	\$

NAC Code/Event	Reg Opens	Regular Fee Deadline	Competition Dates	Location
October NAC DVI/DV2/CDT/CHR	August 1	August 29	October 12-15	Milwaukee, WI
November NAC JNR/CDT/Y14	August 1	September 26	November 9-12	Kansas City, MO
December NAC DVI/DVII/VET/VET AGE/STM	August 22	October 17	December 14-17	Cincinnati, OH
January NAC DV1/JNR/STM/CHR	September 19	November 14	January 4-7	Charlotte, NC
February JOs JNR/CDT/JNRTM	November 7	January 9	February 15-18	Denver, CO
March NAC Y10/Y12/Y14/Y14TM/DV3	November 21	January 23	March 1-4	Cleveland, OH
April NAC & DVI Championships DV1/D1TM/CHR Championships & VET/VET AGE/DVII/DVIII NAC	January 2	February 27	April 12-15	Salt Lake City, UT



WAIVER AND INFORMATION PAGE

Print Name _____

Birth Date if under 18 _____

All Participants MUST Read and Sign each of the following statements (For athletes under the age of 18, a parent or guardian must sign)

WAIVER OF LIABILITY: Upon entering this tournament under the auspices of USA Fencing, I agree to abide by the current rules of USA FENCING. I enter this tournament at my own risk and release USA Fencing and its sponsors, referees, and tournament organizers from any liability. The undersigned certifies that the birth date of the individual is as stated on the entry form and that the individual is a current competitive member of USA Fencing for the 2018-19 fencing season. In addition, I understand that by entering this tournament under the auspices of USA Fencing, photography, filming, recording or any other form of media of this athlete can be used by USA Fencing.

Fencer's Signature Date Signature of Parent or Guardian for Minor Date

DRUG TESTING: I understand that drug testing may be conducted for athletes who compete in this tournament and that detection of the use of banned drugs is cause for suspension for a period of 3 months, 1 year or 2 years, based on substance detected, and that I will lose any national points earned. By registering for this tournament, I am consenting to be subject to drug testing if selected, and to its penalties if declared positive for a banned substance. If selected, I am aware that failure to comply with the drug test is cause for the same penalties as for those who are positive for a banned substance. I KNOW THAT I MAY CALL THE USADA HOTLINE, 800-233-0393, FOR QUESTIONS ABOUT MEDICATIONS AND BANNED SUBSTANCES OR PRACTICES. I realize that there are **OVER-THE-COUNTER** medications that may contain banned substances and that it is my responsibility to insure that I do not inadvertently take any medication that contains a banned substance.

Fencer's Signature Date Signature of Parent or Guardian for Minor Date

CONSENT FOR MEDICAL TREATMENT: This is to certify that on this date I give my consent to USA FENCING and its representatives to obtain medical care from any licensed physician, hospital or clinic for the above named athlete for any injury or illness that may arise during activities associated with USA FENCING North American Cup & Junior Olympic tournaments.

Fencer's Signature Date Signature of Parent or Guardian for Minor Date

If said athlete is covered by any insurance company, please complete the following (please print legibly):

Name of Carrier Name of Policy Holder

Address of Carrier Policy Number

Emergency Contact:

Name _____ Relationship _____ Phone Number _____

ARBITRATION: Any controversy or claim arising from or relating to my membership or participation, or my minor child's membership or participation, in USA Fencing, including but not limited to any matter arising from or relating to (i) qualification or selection for, or competition in, any fencing event, whether staged under the auspices of USA FENCING, the FIE, the USOC, the IOC or some other fencing administrative body, (ii) qualification or selection for, or activities as, a referee, coach or other official at any such fencing event; or (iii) compliance with any rule, regulation, policy, practice, bylaw, or statutory or common law, of USA Fencing, FIE, USOC or IOC, or of any national, state, provincial or local governing or administrative body, including any issue concerning compliance by USA Fencing or by any officer, director, employee, agent, attorney, referee, official, committee member or volunteer of the USA Fencing, shall to the fullest extent permitted by law be settled by arbitration, *provided however*, that prior to the commencement of any such arbitration, any and all available administrative procedures and remedies of USA Fencing, FIE, USOC, IOC or applicable sports, governmental or administrative body shall have been exhausted. Any arbitration shall be administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. The arbitration shall be governed by the laws of the State of Colorado and the United States, and it shall be conducted in Colorado Springs, Colorado. If the dispute is less than \$50,000 there shall be no discovery other than the exchange of documents. If the dispute is over \$49,999.99, discovery may also include no more than two (2) depositions (of not more than 7 hours each) by each side, unless the parties shall otherwise agree or the arbitrator(s) shall otherwise order for good cause shown. The arbitrator(s) will have no authority to award consequential, punitive or exemplary damages. Except as may be required by law or noted above, neither a party nor an arbitrator may disclose the existence, content, or results of any arbitration hereunder to a non-party without the prior written consent of all parties.