



# Elite Musketeer Youth Invitational California School Open Fencing Cup

**The Harker School**  
**3800 Blackford Ave., San Jose, CA 95117**



K-12 College Prep

## Schedule of Events:

CS Mixed Saber	Saturday February 3, 2007	3:30 PM
CS Mixed Foil Jr. (7-12 y.old)	Sunday February 4, 2007	2:30PM
CS Mixed Foil Sr. (13 - 18 y.old)	Sunday February 4, 2007	3:30PM

- This tournament is open to all California school students, including those who are home schooled.
- The format for each event is that of a standard (non-team) USFA tournament - one round of pools and one round of direct elimination ladder. The top four places in each event will receive medals.
- School Trophies will be awarded for each event to the school with the most participants in the top 8 of the final results.
- United States Fencing Association membership is required. Membership applications will be accepted at the tournament, but the tournament will start sooner if you apply directly to USFA National before the event. Ask for a receipt of application by email, which will serve as your temporary membership card. The membership application can be found at <http://www.usfencing.org/forms/Membership.pdf>. If you plan to join at the event, please download and fill out the form before you arrive at the event. You must be 18 or older or have a parent or guardian sign the application form to join USFA at the event. NO exceptions!
- All events will be fenced with electric scoring equipment using the new timing. All fencers must have two working weapons and two working body cords at the strip.
- Save \$\$\$ - submit your registration form by January 15<sup>th</sup>, 2007 and pay \$25 entry fee. At the door event fee is \$30 for each event per individual fencer.
- All times listed above are close of registration times, events will start approximately within one hour of the close registration time.

For directions and more information please visit [www.youthfencing.org](http://www.youthfencing.org)

**Questions?** Contact Valerie Rosenblatt, USFA Northern California Youth Coordinator  
Phone: (650) 353-0717 or email [valerie@emfc.net](mailto:valerie@emfc.net).

**Pacific Coast Regional Youth Circuit  
Elite Musketeer Youth Invitational – School Open Cup  
February 3 – 4, 2006  
Entry Form**

**Please type or print ALL information. Read and complete BOTH pages.**

<b>Last Name:</b>		<b>First Name:</b>		<b>M.I.</b>
<b>Mailing Address:</b>				
<b>City:</b>		<b>State:</b>	<b>Zip:</b>	<b>Country:</b>
<b>Phone: (    )</b>		<b>Fax: (    )</b>		
<b>Email Address to Confirm Entry:</b>				
<b>SCHOOL:</b>			<b>Coach:</b>	
<b>Birth Date:</b>	<b>Gender:</b>	<b>Emergency Contact Name and Number:</b>		

**Please include a check for \$25\_\_ x \_\_ ( # of events ) = Total: \_\_\_\_\_.  
Make check payable to "EMFC" Send to EMFC, 98 Broadway #3, Los Gatos, CA 95030**

## Waiver

**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 also sign)**

**WAIVER OF LIABILITY:** I enter this tournament at my own risk and release the Elite Musketeer Fencers Club, the United States Fencing Association, the Pacific Coast Section, The Northern California Fencing Division, my school, and all tournament sponsors, referees, and organizers from any liability.

*Parent/ Guardian Signature:* \_\_\_\_\_ *Fencer Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT:** This is to certify that on this date, I \_\_\_\_\_ give my consent to Elite Musketeers Fencers Club and its representatives (the tournament personnel) to obtain medical care from any licensed physician, hospital, or clinic for the above named participant for any injury or illness that may arise during the activities associated with the Elite Musketeer Youth Invitational and School Open Cup tournaments. All medical cost inquired at the tournament are my sole responsibility.

*Parent/ Guardian Signature:* \_\_\_\_\_ *Fencer Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

If said participating fencer is covered by any insurance company, please complete a the following (PLEASE PRINT):

\_\_\_\_\_  
(Name of Carrier)                      (Name of Policy Holder) (Policy Number)                      (Carrier Telephone)

**ATHLETES UNDER 18 YEARS OLD:** I have explained to my son/daughter the aforementioned stipulated conditions and their ramifications and I further consent to his/her registration for this competition under the above stipulated conditions (waiver, drug testing, and medical consent).

*Parent/Guardian Name:* \_\_\_\_\_ *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_