



Registration Form

Colorado Wheelchair Fencing Foundation

DEADLINE: Please complete and submit registration form one week before the CWFF event, and send to:

Colorado Wheelchair Fencing Foundation, Inc. via E-mail:
 c/o Edwin Bodoni, phone: 720-695-4488, E-mail: Edwin.C@Bodoni.info or
 c/o Evelyn Bodoni, phone 720-695-4499, E-mail: Evelyn.A@Bodoni.info

Via US Mail: 8301 Prentice Ave, Suite 402
 Greenwood Village, CO 80111
 Via Fax: 1 (888) 689-3744

Date of Event(s): _____ _____ _____ _____ _____

Participant's Name _____ **Date of Birth** ____/____/____ **Sex** _____
LAST (PLEASE PRINT) FIRST

Address _____ **City** _____
State _____ **ZIP** _____

E-mail address _____

Participant's Phone: (____) _____

Parent/Guardian's Name _____

Cell Phone: (____) _____ **E-mail address** _____

Home Phone: (____) _____

Disability: _____

Other medical conditions/allergies (Please be specific): _____

Food allergies: Yes/No _____, give details: _____

Latex allergy: Yes/No _____

- **If your child needs a nurse during the CWFF event, please contact the organizers ahead of the event.**
- **Events will be less than two hours, except otherwise stated.**

Medication to be taken during activity hours (list name of medication(s) and provide specific time(s) and amount(s) to be taken _____

Takes medication (Please check appropriate box):: Independently Needs some assistance Needs nurses assistance

Special Instructions _____

Any additional information that the nurse needs to know: _____

Emergency Contact: When parent/guardian cannot be reached: _____ (____) _____
Name Phone

Family Doctor: _____ (____) _____
Name Phone

Participant Signature: _____

Parent Signature: _____