

**GEORGIA HIGH SCHOOL FENCING LEAGUE
MEDICAL WITHDRAWAL FORM**

This form must be completed, **including three required signatures**, and presented at the scoring table prior to the fencer leaving the tournament

Fencer's Name _____

Fencer's School _____

**Reason for
Withdrawal** _____

Fencer (Signature)

Fencer's Parent, if present (Signature)

Faculty-Sponsor or Coach or School Representative (Signature)

By signing above, the faculty-sponsor/coach/school representative certifies that the reason for withdrawal shown above is correct. The faculty-sponsor/coach/school representative further indicates that a student who has withdrawn due to illness will not be allowed to drive and that the student's parent has been notified.

Signature of Data Entry Staff _____

Date _____

Venue _____