

Kingdom of Meridies

Rapier Combat

YOUTH Authorization Form

SCA Name:		RAPIER Authorization	
Mundane:		Location:	Date:
Address:		Opponent:	Ushers:
		Comments:	
Phone:			
Email:			
Membership #		Passed?	
Local Group:		Asst. Marshal:	Auth. Marshal
Birthdate:	Time to 18	Parent Signature	

Additional Auth. Attempted:		Additional Auth. Attempted:	
Location:		Location:	
Date:	Date:	Date:	Date:
Opponent:	Ushers:	Opponent:	Ushers:
Comments:		Comments:	
Passed?		Passed?	
Asst. Marshal:	Auth. Marshal	Asst. Marshal:	Auth. Marshal
Parent Signature		Parent Signature	

Authorization to Enter Adult Tourneys			
Location:		Date:	Comments:
Opponent:	Ushers:		
Asst. Marshal:	Auth. Marshal		
Parent Signature		Passed?	

INFORMED CONSENT TO PARTICIPATE AND RELEASE LIABILITY 16 AND 17 YEAR OLD MINOR FIGHTERS – HEAVY WEAPONS AND RAPIER WITH ADULTS KINGDOM OF MERIDIES	Attached		Auth. Marshal to affirm that the Youth combat form is in order by initialing for each point
	Completed		

- ◆ **Keep a copy of this form to use as temporary proof of authorization.**
- ◆ **This form will expire 60 days from the date of the Youth Rapier Authorization. Please send it in (along with a completed copy of your Youth Combat Waiver) in order to receive your Authorization Card as soon as possible. If you have not done so within the 60 days, then this authorization is null & void and you will have to re-authorize to continue playing.**

To receive your Authorization Card,
Send the original with a SASE and a
copy of your membership card to:

Wendy Colbert
1469 Briers Drive
Stone Mountain, GA
30083

*(non-members also include a check for
\$25.00 made out to:
SCA Inc./Kingdom of Meridies*