

MIDDLE KINGDOM YOUTH MARTIAL ACTIVITY REPORT

<input type="checkbox"/> Armored Combat	<input type="checkbox"/> Rapier	<input type="checkbox"/> Equestrian	<input type="checkbox"/> Archery	<input type="checkbox"/> Other (please list)
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Event	Date
Group	Location (City, State/Prov.)
Number of Authorizations	Number of Waivers

ATTACH MARSHALS ROSTER FOR LIST OF ASSISTING MARSHALS

Form of Activity/Tournament	Number of Participants
Marshal-in-Charge	List Minister
Tourney Winner(s)	

Form of Activity/Tournament	Number of Participants
Marshal-in-Charge	List Minister
Tourney Winner(s)	

Form of Activity/Tournament	Number of Participants
Marshal-in-Charge	List Minister
Tourney Winner(s)	

PROBLEMS

- A. Significant Injuries _____

- B. Unusual Equipment Failures _____

- C. Sanctions _____

IF ANY OF THESE ARE FILLED OUT, YOU **MUST** REPORT TO YOUR PRINCIPALITY/REGIONAL MARSHAL AND TO THE KINGDOM DEPUTY FOR YOUR MARTIAL ACTIVITY WITHIN 48 HOURS.

COMMENTS: _____

REPORTING MARSHAL: COMPLETE ALL INFORMATION BELOW

Marshal	Modern Name	
Street Address	City, State/Prov., Postal Code	
Telephone (include area code)	E-mail Address	Signature

INSTRUCTIONS:	Upon completion of the Event, send a copy of this report and attachments to your Regional Marshal and to the Kingdom Clerk of the Roster, as applicable.
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MIDDLE KINGDOM YOUTH MARTIAL ACTIVITY

MARTIAL AUTHORIZATIONS

• Armored Combat	• Rapier	• Equestrian	• Thrown Weapons	• Non-Contact Participation
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Event	Date
Group	Marshal-in-Charge

SCA Name	STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name		
Region	• Constellation	• Midlands
• Oaken	• Pentamere	• Northshield
1st Authorizing Marshal	2nd Authorizing Marshal	

SCA Name	STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name		
Region	• Constellation	• Midlands
• Oaken	• Pentamere	• Northshield
1st Authorizing Marshal	2nd Authorizing Marshal	

SCA Name	STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name		
Region	• Constellation	• Midlands
• Oaken	• Pentamere	• Northshield
1st Authorizing Marshal	2nd Authorizing Marshal	

SCA Name	STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name		
Region	• Constellation	• Midlands
• Oaken	• Pentamere	• Northshield
1st Authorizing Marshal	2nd Authorizing Marshal	

SCA Name	STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name		
Region	• Constellation	• Midlands
• Oaken	• Pentamere	• Northshield
1st Authorizing Marshal	2nd Authorizing Marshal	

SCA Name	STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name		
Region	• Constellation	• Midlands
• Oaken	• Pentamere	• Northshield
1st Authorizing Marshal	2nd Authorizing Marshal	

SCA Name	STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name		
Region	• Constellation	• Midlands
• Oaken	• Pentamere	• Northshield
1st Authorizing Marshal	2nd Authorizing Marshal	

<u>INSTRUCTIONS:</u> Attach this form to the Martial Activity Report.
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MIDDLE KINGDOM YOUTH MARTIAL ACTIVITY

TOURNAMENT SIGN- IN SHEET

<input type="radio"/> Armored Combat	<input type="radio"/> Rapier	<input type="radio"/> Equestrian	<input type="radio"/> Archery	<input type="radio"/> Other (please list)
Event		Tournament Name		Date

Participant Name (Please Print Clearly)

1.	
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<u>INSTRUCTIONS:</u>	Attach this form to the Martial Activity Report.
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MIDDLE KINGDOM MARTIAL ACTIVITY REPORT

MARSHALS ROSTER

• Armored Combat	• Rapier	• Equestrian	• Archery	• Other (please list)
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Event	Date
Group	Marshal-in-Charge

SCA Name

	• Warranted
	• Marshal-in-Training
	• Warranted
	• Marshal-in-Training
	• Warranted
	• Marshal-in-Training
	• Warranted
	• Marshal-in-Training
	• Warranted
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	• Warranted
	• Marshal-in-Training
	• Warranted
	• Marshal-in-Training
	• Warranted
	• Marshal-in-Training
	• Warranted
	• Marshal-in-Training

INSTRUCTIONS:	Attach this form to the Martial Activity Report.
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MIDDLE KINGDOM MARTIAL AUTHORIZATION TRACKING FORM

___ Armored Combat	___ Rapier Combat	Other (please list)
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FIRST-TIME AUTHORIZATIONS: KEEP THIS FORM AS YOUR 45-DAY TEMPORARY AUTHORIZATION CARD.
 PROVIDE ALL INFORMATION REQUESTED BELOW (print legibly and fill out both authorization and waiver portions)

SCA NAME			DATE		
FULL MODERN NAME			EVENT		
STREET ADDRESS			HOME GROUP		
CITY	STATE/PROVINCE	POSTAL CODE	MINOR'S USE ONLY		
PHONE	EMAIL		DATE OF BIRTH	Parent/Guardian Name	
I affirm that I am a paid member of the Society for Creative Anachronism, Inc.	LEGAL SIGNATURE		SIGNATURE OF PARENT/LEGAL GUARDIAN		
STYLES(S) ATTEMPTED		AUTHORIZATION PARTNER(S)		<u>LIST MANAGEMENT USE ONLY</u> RESULTS: PASSED / FAILED	
1ST AUTHORIZING MARSHAL			2ND AUTHORIZING MARSHAL		
SCA & Modern Names (please print)			SCA & Modern Names (please print)		
SIGNATURE			SIGNATURE		

The Society for Creative Anachronism, Inc.

Minor's Waiver and Informed Consent to Participate in SCA Combat

This waiver **MUST** be signed for you to receive an authorization card for field activities, but need not be re-executed when you authorize for additional field activities. However, it must be re-executed when your authorization card expires, and a new waiver filed with the Lists Office.

I, _____, being a legal adult and the parent/legal guardian of the above minor person, having read and understood the contents of this document, agree and consent to the provisions contained herein. It is the intention of the aforesaid minor person to participate in SCA combat-related activities (such as armored combat, period fencing, marshaling, combat archery, scouting and banner-bearing) at events sponsored by the Society for Creative Anachronism, Inc. I acknowledge that these activities are potentially dangerous and that I and the minor person voluntarily accept any risks involved. In consideration of the minor's being permitted to take part in these activities, I and the said minor agree to be bound by the rules of the Society for Creative Anachronism, Inc., and to obey the directions of the marshals and other governing officials of these activities. In the event of any disagreements or disputes arising from the minor's taking part in these activities, we agree to submit such disagreements or disputes to a board of arbitration appointed by the Society for Creative Anachronism, Inc., and to abide by any decisions reached by such board. I agree to release, hold harmless and keep indemnified the Society for Creative Anachronism, Inc., its organizers and agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to the minor's person or property, howsoever caused, arising out of or in connection with taking part in these events, even if the same may have been contributed to or occasioned by the negligence of the said body or of any of its agents, officials, servants or representatives. It is understood and agreed that this agreement is to be binding on myself, upon the minor person, and upon my and their heirs, executors and assigns.

Parent's/Legal Guardian's signature: _____ Date: _____

I, the said minor person, have read and understand the contents of this document and agree and consent to the provisions contained herein.

Minor's signature: _____ Date: _____

Witness: _____ Witness: _____

INSTRUCTIONS FOR USE

This waiver **MUST** be **SIGNED**, **DATED**, and **WITNESSED**. It **MUST** be sent in with a first-time Authorization Tracking Form to the Clerk of the Roster. This waiver need not be re-executed if you are authorized for additional field activities. However, it must be re-executed when your authorization card expires, and a new waiver filed with the Clerk of the Roster's Office.

THIS WAIVER ALONE DOES NOT AUTHORIZE YOU TO PARTICIPATE IN COMBAT-RELATED ACTIVITIES. YOU MUST COMPLETE THE AUTHORIZATION PROCEDURE.

Society for Creative Anachronism, Inc.
MINOR'S CONSENT TO PARTICIPATE AND HOLD HARMLESS

_____ (hereafter referred to as "the minor")
(Print Minor's Legal Name)

does hereby state that the minor wishes to participate in activities sponsored by the organizations known as the Society for Creative Anachronism, Inc., a California not-for-profit corporation (hereafter "SCA"). The SCA has rules which govern and may restrict the activities in which the minor can participate. These rules include, but are not limited to: Corpora, the By-laws, the various kingdom laws and Rules for combat related activities.

The SCA makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the SCA.

The minor's parent(s) or guardian(s) understand that all activities are VOLUNTARY and that the minor does not have to participate. It is understood that these activities are potentially dangerous or harmful to the minor's person or property, and that by participating, the minor's parents(s) or guardians(s) voluntarily accepts and assumes the risk of injury to the minor or damage to the minor's property.

It is understood that SCA does NOT provide any insurance coverage for the minor's person or property; and minor's parent(s) or guardian(s) acknowledge that they are responsible for the minor's safety and the minor's own health care needs, and for the protection of the minor's property. In exchange for allowing the minor to participate in:

(Name of Event)

(Date of Event) (Location of Event) (Owner of Site)

these activities and events, the minor by and through the undersigned, agrees to release from liability, agrees to indemnify, and hold harmless the SCA, any SCA agent, officer or SCA employee acting within the scope of their duties, for any injury to the minor's person or damage to the minor's property.

This Release shall be binding upon the minor, the parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.

The minor's parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the SCA, its officers, agents and/or employees.

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

I, the undersigned, state that I am the parent or legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that said minor cannot participate under ANY circumstances in armored martial arts, and combat-related activities, target archery, thrown weapons, fencing or boffers without parental consent where such participation is allowed by kingdom law. The minor will not be able to participate in any SCA activities without entering into this agreement. This document is binding on myself, the said minor and any person suing on behalf of said minor.

Minor's Name (PRINT) _____

Birth date of Minor: _____ Home State of Minor _____

Legal Name (PRINT) _____
Parent/Guardian Legal Name

(SIGN) _____ Date _____
Parent/Guardian