



Fencing Sports Academy

7031 Crider Road, Suite 250

Mars, PA 16046

724-625-2020 www.fencingsportsacademy.com

Learn to Fence Application – Spring 2015

Session	Dates	Time
Feb-S	February 21 st to March 28 th	Saturdays 9:00 - 10:00 AM
Feb-W	February 25 th to April 1 st	Wednesdays 5:30 - 6:30 PM
Apr-S	April 11 th to May 16 th	Saturdays 9:00 - 10:00 AM
Apr-W	April 15 th to May 20 th	Wednesdays 5:30 - 6:30 PM

(Beginner 2 (Session B2) Class is at same time and is for Fencers passing the Learn to Fence Class or Camp)

- Ages 7 and Up, including Adults
- Top level coaches and use of modern and safe equipment
- Competitive and fun atmosphere
- Free Fencing Night on Wednesday, February 18th, April 8th, & May 27th – Invite Friends and Family!
- May switch between Wednesdays and Saturdays with Coach approval
- Fees: **\$139** (includes Fencing T-shirt & Glove)
- Questions: Email Coach Brad Cellier - brad@fencingsportsacademy.com

- Please send Tuition and Registration to address above. Make Checks Payable to: **Fencing Sports Academy, Intl.**

(Cut here and send this portion with Tuition)



Spring 2015

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Session: _____ Start Date: _____ Class Time: _____ Fencer Age: _____ Fencer Birth Date: _____

Fencer Name: _____ Phone (Day): _____ (Evening): _____

Address, City, State, Zip _____ Emergency Phone: _____

Cell Phone Number for Text Messages: _____ Cell Phone Carrier: _____

Email (that is reviewed regularly): _____ Preferred Method of Contact: _____

Left/Right Handed? ___ Male/Female? ___ Fenced Before? ___ Medical Conditions: _____

Name of Parents/Guardians: _____ Other Sports Played: _____

How did you hear about Fencing Sports Academy? _____

My child's picture may be used in a Fencing Sports Academy Intl' Ad, Brochure, or on its Webpage: Yes ___ No ___

Consent to Treatment, Limitation and Waiver Liability

I (we) on behalf of _____ (Fencer's Name) do hereby agree to waive all liability of Fencing Sports Academy, Intl. LLC (FSAI) and Staff for any accident, illness, or injury, or mishap that might befall the above mentioned fencer while traveling to or from his/her attendance at FSAI. Further, I/we hereby grant permission to the staff and any medical or surgical consultant deemed advisable, and to any hospital to render to the above-mentioned participant any medical or surgical treatment that they deem necessary. I/We understand that all possible effort will be made to inform me/us in case of such treatment. FSAI reserves the right to send a fencer home if the need arises.

x

Signature of Fencer (Parent or Guardian if fencer is under 18 years of age)

Date: _____