

Fencing Sports Academy

7031 Crider Road, Suite 250

Mars, PA 16046

724-625-2020 www.fencingsportsacademy.com



Beginner/Beginner 2 Application February-March 2013 Schedule

Beginner	Session B	Wednesdays 5:15-6:15 PM	Classes Start February 27th and Finish April 3rd
Beginner 2	Session B2	Wednesdays 6:30-7:30 PM	

(Beginner 2 Classes for Fencers who have passed Beginner Class or Camp)

- Ages 7 and Up
- Top level coaches
- Includes use of modern and safe equipment provided
- Competitive and fun atmosphere
- Make-Up Classes provided Saturday Mornings
- Includes membership in the United States Fencing Association
- Fees: **\$139** (includes Fencing T-shirt & Glove)

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

- Full Payment due at first class session

(Cut here and send this portion with Tuition)



Feb-Mar 2013

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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 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 Fencing Sports Academy, Intl. LLC. 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. Fencing Sports Academy 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: _____