



Fencing Sports Academy
7031 Crider Road, Suite 250
Mars, PA 16046
724-625-2020
www.fencingsportsacademy.com

Intermediate Fencing Class Application

- Classes Open to fencers who have passed Beginner and Beginner 2 Classes
- Class Schedule:
 - Monday Evenings from 7:15-8:15 PM (Session I-M)
 - Wednesday Evenings from 6:30-7:30 PM (Session I-W)
 - Saturday Mornings from 9:30-10:30 AM (Session I-S)
- Monthly Class Fees - \$99 (1 Class/Week), \$119 (2 Classes/Week), \$89 (Unlimited Classes for Members)
- Family Discount - 50% off 2nd family member (2nd family member Class fees waived for Members)
- Membership Fees - \$50 per month or \$500 per year (Families: \$75 per month or \$750 per year)

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

- Full Payment due first week of the month

- Classes include use of FSAI fencing equipment

(Cut here and send this portion with Tuition)



Intermediate

Intermediate

Session(s): _____ Member: (Y/N) Class Time(s): _____ 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? _____

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. 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: _____