



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

## Beginner/Beginner 2 Application – Fall 2013

Session	Time	Dates
Sept B & B2	Wednesdays 6:00-7:00 PM	September 11 <sup>th</sup> to October 16 <sup>th</sup>
Oct B & B2		October 30 <sup>th</sup> to December 11 <sup>th</sup> (No class Nov. 27 <sup>th</sup> )

**(Beginner (B) Class for New Fencers. Beginner 2 (B2) Class for Fencers passing Beginner Class or Camp)**

- Ages 7 and Up
- Top level coaches and use of modern and safe equipment
- Competitive and fun atmosphere
- Free Fencing Nights on Wednesday, September 4<sup>th</sup> and Wednesday, October 23<sup>rd</sup> - Come Check it Out!
- Make-Up Classes and Extra Fencing available on Saturday Mornings (By Appointment, No Charge)
- 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)



**Beginner Fall 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 (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: \_\_\_\_\_