



Homeschool Fencing 2016-2017 Registration & Liability Release

Classes: Tuesdays: (1) 10 AM FitKids (ages 4-7) (2) 11 AM Youth & Teen (ages 8-18)

Thursdays: (3) 10 AM FitKids (ages 4-7) (4) 11 AM Youth & Teen (ages 8-18) (5) 1 PM Intermediate

*ideally 7 year olds in youth class should have had previous fencing, contact Linda Fantauzzo with any questions about class selection

Fencer's Name	Previous fencing instruction?	1 st choice Class #	2 nd choice Class #
Gender & DOB (MM/DD/YYYY) _____ male/female (___ / ___ / _____) age _____	Yes No	_____	_____
_____ male/female (___ / ___ / _____) age _____	Yes No	_____	_____

Additional fencers may be added at the top

Parent's name(s): _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Relationship _____ phone # _____

Please list any allergies, special learning needs, medical conditions, or previous injuries that we should be aware of:

If you wouldn't mind, where did you hear about this program? _____

Persons authorized to pick up my child/children other than parents and their relationship to child:

PHOTO RELEASE:

I HEREBY **Do** **Do NOT** GIVE CONSENT FOR PHOTOGRAPHS TAKEN OF MY CHILD OR CHILDREN DURING A FENCING EVENT TO BE USED BY THE ROCHESTER FENCING CLUB ON THEIR WEBSITE, FACEBOOK PAGE OR IN OTHER PROMOTIONAL MATERIALS.

RELEASE: I HEREBY RELEASE RFC AND ANY OF ITS STAFF FROM ANY RESPONSIBILITY OR LIABILITY IN CONNECTION WITH THIS ACTIVITY. I CERTIFY THAT MY CHILD/CHILDREN IS/ARE IN GOOD PHYSICAL HEALTH AND HAVE NO LIMITATIONS WHICH PREDISPOSE HIM/HER/THEM TO RISK DURING THIS PROGRAM. RFC DOES NOT PROVIDE ACCIDENT INSURANCE COVERAGE.

MEDICAL POLICY: IN CASE OF MEDICAL EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT PARENTS/GUARDIANS OR EMERGENCY CONTACTS. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO AN EMPLOYEE, COACH, AND/OR MANAGER AT THE ROCHESTER FENCING CLUB TO SECURE PROPER TREATMENT FOR MY CHILD/RELATIVE/INDIVIDUAL AS NAMED ABOVE. I ALSO CONFIRM THAT THE ABOVE INFORMATION IS BOTH COMPLETE AND CORRECT.

Parent/Guardian Signature (for fencers under 18 years-old) Date

Please submit this form with full payment for the six-week session to the Rochester Fencing Club, 3335 Brighton Henrietta Town Line Road, Rochester, NY 14623. Siblings receive a 10% discount on class tuition. **Registration will not be complete until payment is received.**

First child 6-week session tuition: \$114 (for 80 min.) or \$66 (for 45 min.)
Sibling class tuition (10% discount): _____
Sibling class tuition (10% discount): _____
Total Amount Due: _____

For office use only:
Registration for: Session #1 _____ Session #2 _____ Session #3 _____ Session #4 _____ Cash Check Credit Card