

## Registration Form

### Beginners Saber Class

**Dates:** September - December 2015 (12 total classes, one per week, first class September 19, 2015)

**Fee:** \$150.00 (Make check payable to Free State Fencers Club LLC)

**Student's Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Date of Birth (Month, Day, Year)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City State Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

### Information for Fencing Equipment:

**Saber (Right or Left Handed)** \_\_\_\_\_

**Glove Size (Measure around your palm (excluding your thumb) and add 0.5")** \_\_\_\_\_

**Jacket Size\*** \_\_\_\_\_

**Mask Size\*\*** \_\_\_\_\_

\* Take a chest measurement in inches under your armpits around the fullest part of chest and shoulder blades.

\*\* Starting from underneath the chin, go up the side of the head, over one ear, over the top of the head, back down the other ear, and back to under the chin to make a complete circle. (Essentially you're measuring the circumference of the part of your face that the mask will be encircling.) Use a soft ruler or yarn to measure, and make sure to keep it snug or else you'll wind up with a mask that's too large.

### Please read and the following:

Class fees paid are nonrefundable and nontransferable.

The failure to participate in the Fencing activities, events or classes for any reason will not release the member from the obligation to pay the full cost of the class.

### LIABILITY WAIVER AND RELEASE

Participant Name: (print) \_\_\_\_\_

This waiver of liability/permission form must be signed by the participant prior to the start of any classes, practice sessions, programs, competitions or club activities with the Free State Fencers Club LLC. If the participant is a minor (under 18 years of age), the form must be filled out by the parent or guardian of the participant. No student, participant, or club member will be allowed to participate with this completed form.

Upon entering events sponsored by the Free State Fencers Club LLC, I agree to abide by the rules of the Free State Fencers Club LLC. I understand and appreciate that the participation in a sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk and release the Free State Fencers Club LLC, its coaches, its members, and its sponsors from any and all liability stemming from my fencing and related activities.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the participant is a minor, please fill out the following:

Parent Guardian Name: (print): \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_