



Introductory Fencing Class

FENCING ADVISORY ASSOCIATES

Indiana Fencing Academy
109 Lincoln Way West
Mishawaka, IN 46544
574.218.2224

DEBUTANT FENCING CLASS

PLEASE PRINT CLEARLY

Fencer Name _____

Fencer's School _____ Grade _____

Date of Birth _____ M/F _____

Weapon Foil Epee Sabre L / R

Coach _____

Days Attending M T W H F

Parent Name _____
Or Guardian if member is under 18

Parent Name _____
Or Guardian if member is under 18

Billing Address _____

City _____ State _____ Zip _____

Home Phone(s) _____

Cell Phone(s) _____

Business Phone(s) _____

E-Mail _____

Emergency Name(s) _____

Emergency Phone(s) _____

Insurance Carrier & Group # _____

PAYMENT METHOD:

Cash Check (Payable to Fencing Advisory Associates)

Total amount enclosed \$ _____

MEMBERSHIP TYPE (all payable monthly)

Individual \$120

Annual Fund Drive \$100 \$50 \$25 Other _____

Fencing Advisory Associates is a 501(c) (3) non-profit organization. Contributions are tax deductible to the extent allowed by law.

USFA # _____

FENCING ADVISORY ASSOCIATES requires USFA membership to participate in any fencing activity.

All members must apply for a USFA membership along with your Fencing Advisory Associates membership. (www.usfencing.org)

BILLING: Fencing Advisory Associates dues and coach fees are payable on the first of every month. A service charge of \$10.00/month will be applied to all delinquent accounts. Accounts are delinquent if full payment is not received by the 15th of the billing month. Membership privileges will be suspended for all accounts that become more than 45 days delinquent. All other charges are payable upon receipt.

WAIVER OF LIABILITY and CONSENT TO TREATMENT:

Acceptance into the fencing program offered by Escrime du Lac Fencing Club located in the Indiana Fencing Academy at 109 Lincolway West, Mishawaka, Indiana, and Fencing Advisory Associates, an advisory board which assists Escrime du Lac in its activities as a not for profit organization, I do hereby agree to waive all liability of the above named entities, their staff, board, coach and physicians for any injury, illness, or other mishap that might befall the fencer while traveling to or from, or during attendance at the club, or during organized competition or training beyond the club site. Further I grant permission to the staff and physicians of the above named entities, to any medical or surgical consultant deemed advisable, and any hospital to render the named athlete any medical and surgical treatment that he/she may deem necessary.

Fencers Signature Date

Signature of Parent or Guardian if member is under 18

