



ZETA FENCING STUDIO

11 SOUTH MAIN STREET
NATICK, MASS 01760

TEL/FAX 508.655.6480
WWW.ZETA FENCING.COM

SUMMER PROGRAM REGISTRATION FORM

PLEASE PRINT CLEARLY

| | |
|--|--------------------------|
| FIRST NAME | LAST NAME |
| ADDRESS | |
| CITY | STATE / ZIP |
| PHONE (HOME) | PHONE (WORK / CELL) |
| FATHER'S NAME | MOTHER'S NAME |
| EMAIL | DOB |
| WEAPON | USFA CLUB REPRESENTATION |
| EMERGENCY CONTACT / PHONE | INSURANCE POLICY # |
| PLEASE LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF. (ALLERGIES, DISABILITIES, ETC.) | |

SABRE - BEGINNER TO INTERMEDIATE
AGES 9-12

SABRE - INTERMEDIATE TO ADVANCED
AGES 13-16

WAIVER OF LIABILITY

I UNDERSTAND AND APPRECIATE THAT PARTICIPATION IN ANY SPORT CARRIES A RISK OF SERIOUS INJURY. I KNOWINGLY ACCEPT AND ASSUME THIS RISK AND RELEASE ZETA FENCING STUDIO, ITS SPONSORS, INSTRUCTORS AND OFFICERS OF ANY LIABILITY.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

A PARENT OR GUARDIAN MUST SIGN FOR STUDENTS UNDER THE AGE OF 18.

CONSENT FOR MEDICAL TREATMENT

I GIVE MY CONSENT TO THE STAFF AND COACHES OF THE ZETA FENCING STUDIO TO OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR ANY INJURY OR ILLNESS THAT MAY ARISE DURING ACTIVITIES ASSOCIATED WITH THE ZETA FENCING STUDIO.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

A PARENT OR GUARDIAN MUST SIGN FOR STUDENTS UNDER THE AGE OF 18.

PAYMENT RECORD / OFFICE USE ONLY

APPLICATIONS ARE ACCEPTED IN THE ORDER IN WHICH THEY ARE RECEIVED. EACH CAMP IS LIMITED TO 20 FENCERS. FULL PAYMENT, BY CHECK, MUST BE RECEIVED WITH APPLICATION TO HOLD YOUR SPACE.

| AMOUNT | CHECK # | DATE | LOCATION |
|--------|---------|------|---------------|
| | | | NATICK |