



ZETA FENCING STUDIO

11 SOUTH MAIN STREET
NATICK, MASS 01760

TEL/FAX 508.655.6480
WWW.ZETA FENCING.COM

REGISTRATION FORM / BEGINNING PROGRAMS

PLEASE PRINT CLEARLY

FIRST NAME	LAST NAME
ADDRESS	
CITY	STATE / ZIP
PHONE (HOME)	PHONE (WORK / CELL)
FATHER'S NAME	MOTHER'S NAME
EMAIL	DOB
PLEASE LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF. (ALLERGIES, DISABILITIES, ETC.)	

ALL SCHEDULES AND TIMES ARE POSTED ON THE WEBSITE: WWW.ZETA FENCING.COM

- FRIDAYS**
- YOUTH 10 / 4:30 P.M. - 6:00 P.M.
- YOUTH 12 / 6:00 P.M. - 7:30 P.M.
- ADULT / 7:30 P.M. - 9:00 P.M.

- SATURDAYS**
- YOUTH 14 / 10:00 A.M. - 11:30 A.M.
- YOUTH 12 / 11:30 A.M. - 1:00 P.M.
- YOUTH 10 / 1:30 P.M. - 3:00 P.M.

WAIVER OF LIABILITY

I UNDERSTAND 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.

INITIAL _____

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.

INITIAL _____

COMMITMENT POLICY AND STUDENT OBLIGATION

I AGREE TO ENROLL FOR THE FULL 2-MONTH (7-WEEK) PROGRAM AND TO PAY FULL TUITION.

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 CLASS IS LIMITED TO 12 FENCERS. FULL PAYMENT, BY CHECK, MUST BE RECEIVED WITH APPLICATION TO HOLD YOUR SPACE.

AMOUNT	CHECK #	DATE	SESSION
<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4 5