



# ZETA FENCING STUDIO

11 SOUTH MAIN STREET  
NATICK, MASS 01760

TEL/FAX 508.655.6480  
WWW.ZETA FENCING.COM

## REGISTRATION FORM / COMPETITIVE 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](http://WWW.ZETA FENCING.COM)

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|--|--|---|
| <input type="checkbox"/> YOUTH INTERMEDIATE / <b>MON, WED</b>    | <input type="checkbox"/> CADET INTERMEDIATE / <b>MON, WED</b>    | <input type="checkbox"/> JUNIOR INTERMEDIATE / <b>MON, WED</b>    |
| <input type="checkbox"/> YOUTH INTERMEDIATE / <b>TUES, THURS</b> | <input type="checkbox"/> CADET INTERMEDIATE / <b>TUES, THURS</b> | <input type="checkbox"/> JUNIOR INTERMEDIATE / <b>TUES, THURS</b> |
| <input type="checkbox"/> YOUTH ADVANCED / <b>M, T, W, TH</b>     | <input type="checkbox"/> CADET ADVANCED / <b>M, T, W, TH</b>     | <input type="checkbox"/> JUNIOR ADVANCED / <b>M, T, W, TH</b>     |

### 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.

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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.

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INITIAL

### COMMITMENT POLICY AND STUDENT OBLIGATION

THIS IS A TEN (10) MONTH COMPETITIVE PROGRAM (FROM THE DATE OF ENROLLMENT TO THE END OF JUNE). ENROLLMENT IN THE PROGRAM IS A CONTRACTUAL OBLIGATION TO FINISH THE PROGRAM IN FULL AND STUDENTS (INCLUDING SIGNATORY PARENTS AND GUARDIANS) ARE RESPONSIBLE FOR PAYMENT OF ALL TUITION AND RELATED FEES THROUGH THE END OF THE PROGRAM EVEN IF THEY WITHDRAW PRIOR TO COMPLETION.

SIGNATURE	DATE
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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. MONTHLY CLASS FEES ARE DUE ON THE FIRST OF THE MONTH.

AMOUNT	CHECK #	DATE	SEASON