

FENCER CONTRACT**FENCER INFORMATION – ADDITIONAL US FENCING ASSOCIATION MEMBERSHIP REQUIRED**

Name: _____	Month/Year of Birth: _____ / _____
Address: _____	Home Phone: _____
City/State/Zip Code: _____	Cell Phone: _____
E-mail Address: _____	Alt. Phone: _____
Emergency Contact: _____	Relationship: _____
Emergency Phone: _____	USFA Member #: _____
How did you hear about Fencing Institute of Texas? <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Advertisement in: _____	
<input type="checkbox"/> News Article in: _____ <input type="checkbox"/> School <input type="checkbox"/> Other _____	
<input type="checkbox"/> Invited by FIT Fencer/Coach: _____	

COMPETITIVE FENCING PROGRAM

These programs require permission of a Coach to enroll. Students must have their own electric equipment. Students pay tuition PLUS training fees on an annual basis. Students must maintain a competitive membership with the USFA.

Training Fees (includes tuition)

- High Performance Group** - includes all group training classes only (no private lessons) **\$.3540 annually; pay \$295/month**
 Each additional family member (immediate family only) **\$3108 annually; pay \$259/month**
- High Performance Package**—High Performance Group plus lessons (coach's discretion) **\$4500 annually; pay \$425/month**
 Each additional family member (immediate family only) **\$4668 annually; pay \$389/month**
- FIT COMPETITIVE MEMBERS may attend FIT seminars and unique training sessions at no additional cost
- I understand that enrollment in competitive programs requires a commitment of coach, student and parent and is an annual fee.
- I understand I may receive a 50% reduction of fees for a month if I notify the FIT Business Office **30 days in advance** that I/my child will be away for the FULL MONTH. I understand that training for even one day in a month requires full payment of fees. Injuries will be considered on a case by case basis. Students in off-campus PE are required to attend practice even when injured.
- I understand that tournament coaching fees are in addition to these fees and are payable by me to FIT in accordance with the current FIT coaching policies. I understand that coaching fees for national tournaments are due **at the registration deadline for that tournament. Coaching fees paid after that will incur a \$100 late fee.**

RECREATIONAL FENCING PROGRAMS

Students should begin purchasing personal equipment after the 2nd month of enrollment.

- | | |
|---|-----------------------|
| <input type="checkbox"/> Novice Program - Saturdays 9-10 am ages 6-11 | \$105.00/month |
| <input type="checkbox"/> Beginner Foil Program - Saturdays 10-11:30 am ages 11-14 | \$160.00/month |
| <input type="checkbox"/> Intermediate Foil Program – Monday/Thursday 5:30-6:00pm, Saturdays with coach | \$250.00/month |
| <input type="checkbox"/> Junior Sabre Program – Monday and Thursday 6:30-8; Saturday 10-12, ages 11-17 | \$160.00/month |
| <input type="checkbox"/> Junior Epee Program – Monday through Thursday 6:30-8; Saturday 12:30-2pm, ages 11-17 | \$160.00/month |
| <input type="checkbox"/> Fitness Fencing: Tues or Wed 7-8 pm ages 13 and older (class and open fencing as available) 7-8pm | \$125.00/month |
| <input type="checkbox"/> Historical Victorian Program –Wednesdays 8-9 pm <i>(free to FIT fencers enrolled in FIT programs)</i> | \$ 55.00/month |
| <input type="checkbox"/> Wheelchair Fencing Program – Beginner (two free classes during first month) | \$ 30.00/month |
| <input type="checkbox"/> Wheelchair Fencing Program – Competitive Team | \$ 65.00/month |

- I understand that enrollment is month to month, all fees are due by the 1st of the month, and I am obligated to pay for the month unless I cancel my enrollment by written notification to the FIT Business Office at least **THIRTY (30) DAYS INADVANCE**. Program fees are prorated for the first month only; fees thereafter are on a monthly basis and not prorated; no refunds for advance payments; no make-up classes.

PRIVATE LESSON BOOKS

Lesson and class vouchers are purchased in advance and presented to the instructor prior to the lesson. Refunds are not given.

	<u>FIT Fencer</u>	<u>Visiting Fencer</u>
<input type="checkbox"/> 1 Lesson Voucher	\$ 40.00	\$ 65 (includes fencing)
<input type="checkbox"/> 4 Lesson Book	\$150.00	Not available

- I agree to abide by Fencing Institute of Texas' payment policies as set forth from time to time. I understand these fees are subject to change either directly by my choice or indirectly through my actions. I also understand there will be a **\$10 late fee** assessed if I do not pay fees by the **1st of the month** in which they are due. I understand all fees are due in advance and there are no refunds for unused fees. Returned check or credit card payment fee is **\$35**. Participation in FIT Programs is a privilege and I understand that the Board of Directors may, by a majority vote, terminate my participation with a refund of any unused portion of my fees with or without cause at any time.

- I am 18 years or older and understand and agree to all obligations; or
 I am the parent or guardian of this minor fencer and I understand and accept all obligations on behalf of this child.
 I understand that I am obligated to maintain a USA Fencing membership for this fencer; renewal required each August 1 with USA Fencing.

Signature: _____ Date: _____

TRAINING AUTHORIZATION, WAIVER OF LIABILITY, AND RELEASE

Student Fencer's Name (please print): _____ Month/Year of Birth: _____ / _____

Check One:

- I am an adult student athlete, 18 years or older, and agree to ---
 I am the Parent of the named minor (under 18 years of age) and agree to direct my child to --

Cooperate and to conform with directions and instruction of the Fencing Institute of Texas (FIT), activity co-sponsors, and/or their representatives in charge of the activity, with the rules and regulations of the facilities, FIT and USFA Codes of Conduct, and all directions given by FIT personnel, activity co-sponsors, and/or their representatives.

All persons participating in these activities are deemed to have waived all claims against Fencing Institute of Texas, Inc., Irving, Texas, and its employees, and any co-sponsoring organization(s) for injury, accident, illness or death occurring during or by reason of participation in FIT activities.

WAIVER OF LIABILITY: I understand that participation in any sporting activity carries a certain degree of risk for injury. Upon entering this activity, I agree to abide by the current rules and safety regulations of the Fencing Institute of Texas. Failure to follow these rules and regulations will result in expulsion and no refund of fees will be made. Expulsion is at the sole discretion of Fencing Institute of Texas' Board of Directors and the decision may not be appealed. I enter this activity voluntarily and at my own risk, and release the Fencing Institute of Texas, its Board of Directors, sponsors, and organizers from any liability, claims including attorney's fees and court costs, suits, demands, causes of action which may arise, or are alleged to arise, from the sole negligence or acts or omissions of Fencing Institute of Texas, its officers, agents, employees, or officials. I understand that reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in case of an emergency.

RELEASE FORM: I hereby grant and give permission to Fencing Institute of Texas to use my/my child's photograph or image with or without my or my child's name both singly and in conjunction with other persons or objects for any and all purposes including but not limited to private or public presentations, advertising, publicity or promotion relating to Fencing Institute of Texas activities, without promise, expectation, or receipt of monetary compensation. I further agree to hold Fencing Institute of Texas harmless of and from any and all liability of whatever nature which may result from such use.

I, _____, as a parent or guardian of the above named minor, give permission for this minor to participate in the program activity. I understand the proposed activity, the mode of transportation if necessary, the leadership accompanying the group and all other circumstances relating to this activity. .

I have read and understand the forgoing statements and agree to assume the responsibility stated and waive all claims. I certify that (I am/my child is) in good health and can participate in all normal activities of the group. I further certify that I am in sound mental health and fully capable of making this waiver of liability.

(Signature of Fencer)_____
(Date)_____
(Signature of Parent or Guardian of Minor)_____
(Date)**CONSENT FOR MEDICAL TREATMENT**

This is to certify that on this date I, _____, give my consent to the Fencing Institute of Texas and its representative to obtain medical care from any licensed physician, hospital or clinic for the above named athlete for any injury or illness that may arise during this activity now or in the future. In the event of sickness or accident, I will not hold the FIT Board of Directors, FIT Staff, or group sponsor responsible. In case of sickness or accident, I authorize the calling of a medical doctor and/or providing of other necessary medical services. I agree to pay for those medical services that are deemed necessary by medical authorities.

(Signature of Fencer)_____
(Date)_____
(Signature of Parent or Guardian of Minor)_____
(Date)

Does your child have an unusual medical condition(s)/reaction(s) that would require immediate medical attention? Yes No

Please explain: _____

Emergency Procedures to follow if necessary: _____

List any known allergies to food or drugs: _____

Limiting physical conditions (e.g., asthma): _____

Current medications: _____

Other information for emergency or medical staff: _____

Home Phone: _____ Cell Phone: _____ Alt. Phone: _____

of Athlete (if 18 or older) or Parent/Guardian of minor

Emergency Contact: _____ Relationship: _____ Emergency Phone: _____

INSURANCE INFORMATION

	Primary Insurance	Secondary Insurance
Name of Carrier		
Name of Policy Holder		
Address of Carrier		
Policy Number		

Please complete both sides of this form and return to:

FENCING INSTITUTE OF TX
1000 West Crosby Road, Suite 134
Carrollton, Texas 75006

(972) 242-0399
info@fenceintexas.org

CODE OF CONDUCT for 2017-2018 FENCING SEASON

FENCER'S PRINTED NAME: _____

DATE: _____

The FIT Board of Directors pledges to provide you with a reasonably safe and healthful environment while at FIT and on team trips. We will do everything in our power to ensure you have a fun and safe fencing experience, and provide you an opportunity to fence to your full potential.

All fencers and parents of minor fencers must have a signed form on file at FIT. Please carefully read and sign both sides of the following "Code of Conduct." Your form will be kept on file at FIT for the entire fencing season (August 1st through the following July 31st). Your understanding of these rules will help us ensure a safe and healthful fencing environment.

BOARD OF DIRECTORS
FENCING INSTITUTE OF TEXAS, INC.
(revised 18 August 2009)

1. I understand that competing as a member of the Fencing Institute of Texas' Competitive Team is a privilege and an opportunity for personal growth. Membership on the Competitive Team carries with it many responsibilities to my family, my teammates, my coach, and myself. I understand my behavior as a member of the Team reflects on my family and my team. I pledge to represent my family, my team and myself with honor and conduct myself with dignity and good sportsmanship.
2. I shall follow all the rules of the salle at all times. I shall treat all coaches, fencers, families and visitors to FIT with respect. I will personally welcome all visitors to FIT by introducing myself to them if I am not participating in instruction or fencing.
3. I shall follow all the rules of the United States Fencing Association. I understand there will be questionable calls during any given bout; however, I pledge to accept all rulings by Tournament Officials as the final decision. I will conduct myself with dignity at all times while on strip, in the venue, and at all team functions. I understand any Black Card given for misconduct at a fencing tournament is grounds for reprimand and removal from the FIT Competitive Team, the reprimand period of time to be determined by the Board of Directors.
4. I will follow all safety rules in the salle, during travel, at venues, and at lodging/accommodations.
5. I will set a healthful example for my teammates to follow. **Minors:** I understand the use of tobacco products or alcoholic beverages is grounds for removal from the FIT Competitive Team. **All:** I understand use of any illegal substance is grounds for removal from the FIT Competitive Team.
6. I agree that I am responsible for the logistics of my equipment and belongings to and from the venue, to and from the hotel, and to and from the airport. At no time shall a FIT Coach or Team Representative be responsible for the logistics of my/my child's equipment or belongings.
7. I pledge to treat all teammates, coaches, and chaperones with respect. I understand harassing or demeaning remarks or gestures are grounds for reprimand and possible removal from the FIT Competitive Team.
8. I understand and agree that a member or members of the FIT Board of Directors will arbitrate Team conflicts. Serious breaches of conduct will be submitted to the Board of Directors for disciplinary action. I will be offered an opportunity to address the Board of Directors directly (personally or through written statement) concerning any breach of conduct involving me/my child, whether caused by my/my child's actions or through actions of another. I also understand and agree that the Board of Directors' recommendation of disciplinary action is the final decision.

Fencer's Signature

Date

Parent/Guardian's Signature for minor Date

Parent/Guardian's Signature for minor Date

