

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: _____	Other Phone: _____
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. Students must maintain a competitive membership with the USFA. FIT fencers receive free entry to FIT self-directed tournaments held at FIT.

Tuition

Tuition is paid on an annual basis. You are obligated to pay tuition fees even for months that you are not at FIT.

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|---|----------------------|
| <input type="checkbox"/> Individual Tuition | \$2160 (\$180/month) |
| <input type="checkbox"/> Each additional family member (immediate family only) – each competitive team member | \$1728 (\$144/month) |
| <input type="checkbox"/> Visitor/day | \$ 45.00/day |

Training Fees

- | | |
|--|-------------------------|
| <input type="checkbox"/> High Performance Group - includes all group training classes only (no private lessons) | \$ 780 (\$65.00/month) |
| <input type="checkbox"/> High Performance Package—High Performance Group plus lessons (coach's discretion) | \$2340 (\$195.00/month) |
| <input type="checkbox"/> Masters Program—High Performance Package plus preparation for international competition | \$3330 (\$275.00/month) |

I understand that enrollment in competitive programs requires a commitment of coach, student and parent and is an annual fee.

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 **THIRTY (30) DAYS IN ADVANCE** of the event; coaching fees for local and regional tournaments are due **FIFTEEN (15) DAYS IN ADVANCE**.

RECREATIONAL FENCING PROGRAMS

Students should begin purchasing personal equipment after the 2nd month of enrollment. FIT fencers receive free entry to FIT tournaments held at FIT.

- | | | |
|--|---|------------------|
| <input type="checkbox"/> Page Program - Saturdays 9-10 am OR 11:30-12:30 | ages 6-11 (includes tuition) | \$105.00/month* |
| <input type="checkbox"/> Squire Program - Saturdays 10-11:30 am OR 12:30-2 | ages 12-15, (includes tuition) | \$160.00/month * |
| <input type="checkbox"/> Home School Program - Mondays 1-2 pm | ages 8-12, 2-3 pm ages 13-17, (includes tuition) | \$ 10.00/class |
| <input type="checkbox"/> Recreational Adult: Tuesdays 7-8 pm | ages 13 and older (class and open fencing as available) | \$100.00/month* |
- I understand that enrollment is month to month, all fees are due by the 5th 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 IN ADVANCE**. 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 makeup 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	\$ 30.00	\$ 65 (includes fencing)
<input type="checkbox"/> 4 Lesson Book	\$115.00	Not available
<input type="checkbox"/> 8 Lesson Book	\$220.00	Not available
<input type="checkbox"/> Electric Equipment Rental	No Charge	\$ 10.00/set

I agree to abide by Fencing Institute of Texas' payment policies as set forth from time to time. I agree to maintain an annual USFA membership. 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 **5th 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 also understand it is my obligation to maintain my annual USFA membership and abide by the FIT Code of Conduct.**

I am 18 years or older and understand and agree to all obligations.

I am the parent or guardian of this minor fencer and I understand and accept all obligations on behalf of this child.

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, 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
11482 Luna Road, Suite 100
Farmers Branch, Texas 75234

(972) 444-8498
info@fenceintexas.org