

FENCER AGREEMENT

1 September 2007

FENCER INFORMATION

Please print:

Name: _____ Month/Year of Birth: _____ / _____

Address: _____ Home Phone: _____

City, State, Zip Code: _____ Cell Phone: _____

E-mail Address: _____ Alt. Phone: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone: _____

How did you hear about Fencing Institute of Texas? Internet Friend Yellow Pages Newspaper Ad
 News Article School HEART of Tx Coach/Fencer Other _____

Tuition (also called "floor fees" or Open Bouting fees)

Paid by all FIT fencers; tuition is included in the cost of Recreational Fencing Programs. Competitive Team members are asking the Coach and FIT to commit to their development; therefore, we ask the fencer to make a commitment to the Team. There are no refunds for advance payments. Annual tuition covers one year and is not prorated or reduced if a fencer does not attend training during a month.

- Annual Individual Tuition \$600.00— to be paid:**
 - Monthly - \$50.00
 - Semi-annually - \$270.00 (save \$60/year)
 - Annually - \$480 (save \$120/year)
- Annual Family Tuition \$900— to be paid:**
 - Monthly - \$75.00
 - Semi-annually - \$420.00 (save \$60/year)
 - Annually - \$780 (save \$120/year)
- Visitor/day (maximum 1 day/week) \$ 15.00**
- Visitor/month (maximum 1 month) \$ 60.00**

Training Fees

Program fees are prorated for the first month only; fees thereafter are on a monthly basis and not prorated. Fees are due in advance and there are no refunds or makeup classes. Training fees may be suspended by notifying the General Manager or FIT Treasurer in writing at least 15 days prior that the student will not attend that month.

Recreational Fencing Programs—tuition included in fees; Students should begin purchasing personal equipment after the 2nd month of enrollment.

- Page Program** - Saturdays 9-10 am **ages 6-11** (includes tuition) **\$60.00/month**
- Squire Program** - Saturdays 10-11:30 **ages 12-15**, (includes tuition) **\$75.00/month**
- Fitness Fencing** – Beginner adult: class times 7-8 PM Mon-Thurs; or 1-2 PM Saturdays **\$75.00/month**
- Wheelchair Fencing** – Beginner, all ages: class times 2-3 PM Saturdays **\$60.00/month**

Competitive Fencing Programs—students pay tuition plus program fees; requires permission of a Coach to enroll. Students must have their own electric equipment.

- Intermediate Youth**—Afterschool program; group training classes, one private lesson per week **\$ 90.00/month**
- High Performance Group** - includes all group training classes, **no private lessons** **\$ 60.00/month**
- Youth High Performance Package**—High Performance Group plus 1 lesson per week (11 years and younger) **\$115.00/month**
- High Performance Package**—High Performance Group plus 1 lesson per week **\$175.00/month**
- Masters Package**—Invitation by coach—personalized training with group classes and private lessons **\$275.00/month**

Private Lessons and other fees—Lesson and class vouchers are purchased in advance and presented to the instructor prior to the lesson. Lesson times are arranged by the student with the coach.

	<u>FIT Fencer</u>	<u>Visiting Fencer</u>
<input type="checkbox"/> 1 Lesson Voucher	\$ 30.00	\$ 40.00
<input type="checkbox"/> 4 Lesson Book	\$115.00	Not available
<input type="checkbox"/> 8 Lesson Book	\$220.00	Not available
<input type="checkbox"/> Group class coupons	\$ 10.00	\$ 15.00
<input type="checkbox"/> Electric Equipment Rental	N/A	\$ 10.00/set

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 **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. 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 when competing.

- 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: _____ Other Phone: _____ of Athlete (if 18 or older) or Parent/Guardian

Emergency Contact Name: _____ Relationship: _____ Emergency Number: _____

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

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