

HOME SCHOOL PROGRAM REGISTRATION FORM

Complete both sides of this form; each student must have a separate form. Bring to first class or mail to: **Fencing Institute of Texas, 11482 Luna Rd., Suite 100, Farmers Branch, Texas 75234-9420.** You may also FAX to: (817) 782-5957.

Fencer's name: _____

Address: _____ City/Zip Code: _____

Emergency Contact Name: _____

Telephone Numbers: (Home) _____ (Emergency Contact) _____

E-mail address: _____

Male Female Age: _____ Birth Year: _____

Have you ever fenced? Yes No

Who was your coach/instructor/club? _____

How long did you take instruction? _____ Weapon(s): _____

- Equipment is provided; however, fencers are asked to begin purchasing their own equipment after the first 2 months. Fencers should wear appropriate clothing: tennis shoes, t-shirt, and warmup pants (sweats) or knickers with long socks.
- The Home School Program is a group class environment. Instructors will provide private lessons during this period as time permits. Students are responsible for reporting to class on time, in good health, and ready for participation.

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 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. It is my responsibility to notify my instructor of any prolonged absence. Fees may be waived for a month in which I do not participate if I provide notification to my instructor of my absence prior to the 5th of the month. However, I understand that class size is limited to 12 students and non-payment of fees may result in the loss of my space availability and my placement on a waiting list for the next available class.

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/my child's annual USFA membership and abide by the FIT Code of Conduct and Rules of the Salle.

Please check one:

- I am the fencer represented above and I am 18 years or older. I understand and agree to the above,
- I am the parent or legal guardian of the minor fencer represented above. I understand and agree to the above,

Signature: _____ Date: _____

Complete both sides of this form, include the total class fees and mail or bring to:

FENCING INSTITUTE OF TEXAS
11482 Luna Road, Suite 100
Farmers Branch, TX 75234-9420
(972) 444-8498

Please do not write in space below

Amount Paid: _____ Date: _____

Check # _____ Cash

Valid HEART of Texas student i.d.

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. I understand program fees are payable in advance and there is no refund for missed classes.

(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. In the event of sickness or accidents, I will not hold the administration 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 and mail with appropriate fees to:

FENCING INSTITUTE OF TEXAS
11482 Luna Road, Suite 100
Farmers Branch, Texas

(972) 870-5756
info@fenceintexas.org