

Epic Fencing Club FALL 2011 REGISTRATION



Last Name: _____ **First Name:** _____
Address: _____
City: _____ **Postal Code:** _____
Home Phone: _____ **Work Phone:** _____
Birth Date: (YY-MM-DD) _____ **WEAPON LEVEL:** _____
Emergency Contact: _____ **Phone:** _____
Family Doctor: _____ **Dr Phone:** _____
AB Health care #: _____ **Email:** _____

MEDICAL CONDITIONS: _____

Please check all of the information above.
For fencer's under 18: Parent/Guardian

Name: _____ Address: _____
Phone Home: _____ Office: _____
Name: _____ Address: _____
Phone:Home: _____ Phone Office: _____

FEES:

Program: Weapon/Level: _____ Days of week _____

AFA(1) _____ to be paid separately online @ www.fencing.ab.ca.

Equipment Rental: _____ add if required

Fee: _____ * _____ (Less discounts – if applicable)

Volunteer Deposit _____ (\$100/family) Volunteer Position: _____

Total: _____ Paid By: Cheque (____) Cash (____)

*You may make equal monthly payments. Please post-date cheques to first of each month.

RELEASE

I, the undersigned, do hereby agree to participate in fencing activities under the general supervision of the Epic Fencing Club, its directors, officers or instructors. I recognize the inherent risks associated with the sport of fencing and in case of accident or damage to personal equipment, I hereby release the Epic Fencing Club, its directors, officers or instructors from any responsibility for recovery of loss or damage resulting thereof. I have read, fully understood and accept the rules, regulations and code of conduct set forth by the Epic Fencing Club.

Signature (Parent / Guardian if under 18): _____ **Date:** _____

Witness: _____ **Date:** _____