

# Nellya Fencers

## Application for 2009 Beginners Programs

To enroll, please complete this registration form.

Please fax or mail it early in order to guarantee a space. Class size is limited.

A \$25 non-refundable deposit is required.

Class fee is due one week prior to start of each session. Payment may be made by check or credit card.

Please make checks payable to Nellya Fencers, Inc. \$195 per session

**Participant's Name:** \_\_\_\_\_

Boy     Girl    Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### **Please check desired session or sessions:**

**April 2009** Mondays 6pm + Fridays @ 5pm - Classes are 90 minutes (Start date: 4/2/2009)

**May 2009** Mondays 6pm + Fridays @ 5pm - Classes are 90 minutes (Start date: 5/5/2009)

**Payment information:**     Check enclosed     Credit Card:     Visa     MasterCard

Cardholder's Name: (please print) \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Today's date: \_\_\_\_\_

**Waiver:** I hereby waive and release all rights and claims for damages I may have against Nellya Fencers, Inc., the United States Fencing Association, the officials, managers, sponsors and other participants from any and all liabilities arising from illness, losses, injuries or damages I may suffer as a result of my participation in the Nellya Fencers Summer Fun Fencing Program. I understand that participation in the sport of fencing carries a risk to me of serious injury. I attest and verify that I am physically fit and prepared for strenuous physical activity. I further waive all rights to any photographs, videotapes, or any other recording of this event for any purpose.

**Signature** (if under 18, parent or guardian must sign): \_\_\_\_\_

**Consent for Medical Treatment:** I understand that participation in the sport of fencing carries a risk to me of serious injury. I give my consent to representatives of Nellya Fencers, Inc. to obtain medical care from physicians, clinics or hospitals for any illness and/or injury that could arise during Nellya Fencers Summer Fun Fencing Program.

**Emergency Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature** (if under 18, parent or guardian must sign): \_\_\_\_\_

*Nellya Fencers, Inc.*

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