



ZETA FENCING

11 SOUTH MAIN STREET · NATICK, MASSACHUSETTS 01760
508.655.6480 · ZETA FENCING.COM

ADULT FENCING – REGISTRATION 2017-2018

First Name	Last Name
Street Address	DOB
City	State/Zip
Phone	Emergency contact (name & phone)

Email
(PLEASE PRINT CLEARLY,
required for class-related information)

Please list any medical conditions that we
should be aware of (allergies, disabilities, etc.).

CLASS

ADULT FENCING CLASS TUESDAY 7:00 – 8:30pm \$ 280 per 7-week session

OPTIONAL ZETA FENCING CLUB MEMBERSHIP 2017-2018

CLUB MEMBERSHIP IS NOT REQUIRED FOR TAKING THE ADULT CLASS. UPON COACH'S CONSENT, COMPETITIVE ADULT FENCERS HAVE THE OPTION TO BECOME MEMBERS OF ZETA FENCING. CLUB MEMBERS HAVE THE RIGHT TO ATTEND OPEN FENCING ON SUNDAYS (10AM-1PM), TO SCHEDULE PRIVATE LESSONS WITH COACHES, AND TO REPRESENT ZETA FENCING AT COMPETITIONS. THE CLUB MEMBERSHIP TERM IS SEPTEMBER 1, 2017 THROUGH AUGUST 31, 2018. CLUB MEMBERSHIP FEES ARE NOT SUBJECT TO REIMBURSEMENT IN ANY CASE.

- INDIVIDUAL MEMBERSHIP** \$ 300 per season (optional, coach's consent required)
- FAMILY MEMBERSHIP** \$ 150 for parents of an individual membership holder (optional, coach's consent required)

SESSION

- SESSION 1: Tuesday, September 12, 2017 – Saturday, October 28, 2017
- SESSION 2: Tuesday, October 31, 2017 – Saturday, December 23, 2017 (no classes during Thanksgiving break: Wednesday, November 22 – Tuesday, November 28)
- SESSION 3: Tuesday, January 2, 2018 – Saturday, February 17, 2018 (school break between sessions: February 19-25)
- SESSION 4: Tuesday, February 27, 2018 – Saturday, April 14, 2018 (school break between sessions: April 16-22)
- SESSION 5: Tuesday, April 24, 2018 – Saturday, June 16, 2018 (no classes during Memorial Day break: Wednesday, May 23 – Tuesday, May 29)

TYPE OF PAYMENT

- CHECK or CASH – payment attached**
- ONLINE BANK PAYMENT – date of payment:** _____
- ONLINE WEBSITE PAYMENT via PayPal – date of payment:** _____

WAIVER OF LIABILITY

Initial

I UNDERSTAND THAT PARTICIPATION IN ANY SPORT CARRIES A RISK OF SERIOUS INJURY. I KNOWINGLY ACCEPT AND ASSUME THIS RISK AND RELEASE ZETA FENCING, ITS SPONSORS, INSTRUCTORS AND OFFICERS OF ANY LIABILITY.

CONSENT FOR MEDICAL TREATMENT

Initial

I GIVE MY CONSENT TO THE STAFF AND COACHES OF THE ZETA FENCING TO OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR ANY INJURY OR ILLNESS THAT MAY ARISE DURING ACTIVITIES ASSOCIATED WITH ZETA FENCING.

COMMITMENT POLICY & PRIVACY STATEMENT

I AGREE TO ENROLL FOR THE FULL 7-WEEK SESSION, TO PAY THE FULL TUITION, AND TO REGISTER WITH USA FENCING.

- I give permission for my/my child's photo to be used for promotional purposes for Zeta Fencing.
- I do not give permission.

Signature

Date

A PARENT OR GUARDIAN MUST SIGN FOR STUDENTS UNDER THE AGE OF 18.

FULL PAYMENT, BY CHECK OR IN CASH, MUST BE RECEIVED WITH APPLICATION TO HOLD YOUR SPACE.