



ZETA FENCING

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

ZETA FENCING YOUTH ACADEMY – REGISTRATION 2017-2018

First Name	Last Name
Street Address	DOB
City	State/Zip
Phone (primary emergency contact)	Phone (alternative emergency contact)
Father's Name	Mother's Name

Parent's email (PLEASE PRINT CLEARLY, required for class-related information)

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

CLASS

FENCING 101	YOUTH 10	<input type="checkbox"/> TUESDAY 5:00 – 6:30pm	YOUTH 12	<input type="checkbox"/> WEDNESDAY 5:00 – 6:30pm
		<input type="checkbox"/> SATURDAY 1:30 – 3:00pm		<input type="checkbox"/> SATURDAY 3:00 – 4:30pm
SABRE 101	YOUTH 10/12	<input type="checkbox"/> THURSDAY 5:00 – 6:30pm	(COACH'S CONSENT REQUIRED FOR SABRE 101)	
		<input type="checkbox"/> SATURDAY 11:30am – 1:00pm		

CLASS FEE OF \$280 PER 7-WEEK SESSION INCLUDES FULL FENCING EQUIPMENT PROVIDED BY ZETA FENCING. PLEASE ASK ABOUT OUR FAMILY DISCOUNT.

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.
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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.
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COMMITMENT POLICY & PRIVACY STATEMENT

I AGREE TO ENROLL FOR THE FULL 7-WEEK SESSION, TO PAY THE FULL TUITION OF \$ 280, 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
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A PARENT OR GUARDIAN MUST SIGN FOR STUDENTS UNDER THE AGE OF 18.

APPLICATIONS ARE ACCEPTED IN THE ORDER IN WHICH THEY ARE RECEIVED. EACH CLASS IS LIMITED TO 15 FENCERS. FULL PAYMENT, BY CHECK OR IN CASH, MUST BE RECEIVED WITH APPLICATION TO HOLD YOUR SPACE.