



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

REGISTRATION FORM – PRE-NATIONALS SABRE CLINIC 2020

First Name	Last Name	Year of birth
Address		
City	State/Zip	
Mother's Name	Father's Name	
Emergency Phone 1	Emergency Phone 2	
Parent's Email(s)		
(Please print clearly, required for important program-related information.)		
Please list any medical conditions that we should be aware of (allergies, disabilities, etc.)		

SCHEDULE & FEES

SCHEDULE: JUNE 18 - 19, 22 - 25, 2020 DAILY 11AM – 4PM (LUNCH: 1-2PM)
PROGRAM: PRE-NATIONALS SABRE CLINIC (OPEN TO ALL COMPETITIVE FENCERS)
CONTENTS: INTENSIVE COMPETITION PREPARATION: CONDITIONING & FOOTWORK, FENCING DRILLS, OBSERVED PRACTICE BOUTS, FENCING STRATEGY AND PSYCHOLOGY
COST: \$500 CLUB MEMBER PROGRAM FEE / \$550 FULL PROGRAM FEE
 \$90 CLUB MEMBER SINGLE DAY FEE / \$100 SINGLE DAY PLEASE MARK DAY(S): TH F M TU W TH
 \$400 CLUB MEMBER SIBLING PROGRAM FEE / \$450 SIBLING FULL PROGRAM FEE
(AFTER FIRST SIBLING PAYS FULL REGISTRATION FEE FOR THIS CLINIC)

TYPE OF PAYMENT

- CHECK or CASH – payment attached, check number: _____
 PAYPAL PAYMENT THROUGH WEBSITE – payment date: _____

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 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.

POLICIES & PRIVACY STATEMENT

Initial I CONFIRM THAT THE REGISTERED FENCER IS A CURRENT COMPETITIVE MEMBER OF USA FENCING.
CANCELLATION POLICY: BEFORE MAY 1ST, 2020: FULL REFUND (CREDIT TOWARDS ANYTHING AT ZETA) / MAY 1-31, 2020: \$100 ADMINISTRATIVE FEE AND CREDIT TOWARDS ANYTHING AT ZETA / AFTER JUNE 1, 2020: NO REFUND

REGISTRATION IS SUBJECT TO COACH'S CONSENT.
REGISTRATION IS NOT COMPLETE UNTIL FORM AND PAYMENT HAVE BEEN RECEIVED.

- 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.

APPLICATIONS ARE ACCEPTED IN THE ORDER IN WHICH THEY ARE RECEIVED. THE PROGRAM IS LIMITED TO 30 FENCERS.