

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

REGISTRATION FORM – COMPETITIVE / HP SUMMER PROGRAMS 2018

				PLEASE PRINT CLEARL
First Name	Last Name			Year of birth
Address		<u>i</u>		
City			State/Zip	
Emergency Phone 1			Emergency Phone 2	
Mother's Name			Father's Name	
Parent's email(s)		i		
(Please print, required	for important program-related information.)			
Please list any medical	conditions that we should be aware of (aller	gies, disabilities,	etc.)	
		SCHEDUL	E & FEES	
SCHEDULE:	□ COMPETITIVE PROGRAM	A	UGUST 13-17, 2018	
	☐ HIGH PERFORMANCE PROGRAM AUGUST 20-24, 2018			
COST: □ \$650 REGULAR REGISTRATION / CLUB MEMBERS \$600				
	☐ \$550 EARLY REGISTRATION D		·	
	(REGISTRATION FORM <u>AND</u> P		PAYMENT	
CHECK or CASH	– payment attached, check numb			
		·GI.		
	AYMENT – payment date:			
PATPAL PATIVIE	NT THROUGH WEBSITE – paymer			
			F 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.			
	CONS	ENT FOR ME	DICAL 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 THE ZETA FENCING.			
	POL	ICIES & PRIV	ACY STATEMENT	
Initial	I CONFIRM THAT THE REGISTERE CANCELLATION POLICY: BEFORE JULY 1-31, \$200 ADMINISTRATION	JULY 1ST, F	JLL REFUND (CREDIT TOWARDS	
			JOE: VI, NO INEL VIND	
III I PAYMENT IS DE		ISTRATION IS	SUBJECT TO COACH'S CONSENT	Г
	QUIRED WITH REGISTRATION. REGION May represent the region of my/my child's photo to be used for my/my/my/my/my/my/my/my/my/my/my/my/my/m			T. □ I do not give permission.