



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

REGISTRATION FORM – ELITE SABRE CLINIC 2019

PLEASE PRINT CLEARLY

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, required for important program-related information.)		
Please list any medical conditions that we should be aware of (allergies, disabilities, etc.)		

SCHEDULE & FEES

- SCHEDULE:** AUGUST 19 – 23, 2019 DAILY 9AM – 4PM
- PROGRAM:** ELITE SABRE CLINIC WITH ALDO MONTANO ACADEMY (CADET/JUNIOR)
(NATIONAL COMPETITION EXPERIENCE & COACH'S CONSENT REQUIRED)
- COST:**
- \$850 FULL PROGRAM FEE / CLUB MEMBERS \$775
 - \$200 SINGLE DAY FEE / CLUB MEMBERS \$175 (MIN. 3 DAYS, PLEASE MARK: MON TUE WED THU FRI)
 - \$640 REDUCED PROGRAM FEE FOR SECOND SIBLING / CLUB MEMBERS \$585
(AFTER FIRST SIBLING PAYS FULL REGISTRATION FEES FOR A SUMMER PROGRAM OF EQUAL OR HIGHER VALUE)

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 THE ZETA FENCING.

POLICIES & PRIVACY STATEMENT

Initial I CONFIRM THAT THE REGISTERED FENCER IS A CURRENT COMPETITIVE MEMBER OF USA FENCING.
CANCELLATION POLICY: BEFORE JULY 1ST, FULL REFUND (CREDIT TOWARDS ANYTHING AT ZETA) / JULY 1-31, \$200 ADMINISTRATION FEE / AFTER JULY 31, NO REFUND

FULL PAYMENT IS REQUIRED WITH REGISTRATION. REGISTRATION IS SUBJECT TO COACH'S CONSENT.
ONLY COMPLETE REGISTRATIONS WILL BE PROCESSED (FORM AND PAYMENT).

- 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 40 FENCERS.