

CIRCLE d'ESCRIME

SCHOOL OF FENCING

111 North Branch Street

Sellersville, Pa. 18960

215-257-6808

APPLICATION TO ATTEND CLASS

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: (home) _____ (work) _____ Date of Birth: _____

E-mail Address: _____

Do you have any previous fencing experience? (Y/N): _____ What Weapon(s): _____

_____ What Level : _____

Do you have any physical or mental conditions which might interfere with your participating safely in the activities of Circle d'Esgrime? Y/N _____ If yes, please specify. _____

PERSON to contact in case of emergency.

Name: _____ Relationship: _____ Tel: _____

Address: _____ Alt. Tel: _____

WAIVER OF LIABILITY

I, _____, in consideration for being granted the right to participate in fencing classes, training sessions, seminars and all other activities at all locations of Circle d'Esgrime, hereby agree to abide by the rules and regulations of Circle d'Esgrime, and further agree to waive and relinquish any and all claims of liability against Circle d'Esgrime, its instructors, agents and employees, arising directly or indirectly out of my participation in the above mentioned activities, and to hold Circle d'Esgrime, its instructors, agents and employees harmless in the event such liability should arise.

I understand and appreciate that participation in sports, especially a sport such as fencing, carries a risk to me of serious injury. I hereby state that I do not suffer from any medical or mental condition, which would prohibit me from safely participating in the activity. I declare that I have fully disclosed in the accompanying Application any existing physical or mental condition which might adversely affect my ability to participate, and I hereby promise to inform my instructor and Circle d'Esgrime of any physical or mental condition should it develop, which might interfere with my ability to participate safely.

Date

Signature of Applicant (Parent or Guardian if Applicant is under 18 yrs of age)