

Clinton Fencing Club Registration Form

Please circle desired class – Intro / Beginner / Intermediate / Youth Competitive / Junior Competitive / High School
Training / Private Lessons

Please print

Name: _____ Age: _____ Date _____

Address: _____

City: _____ State: _____ Zip: _____

Parents/Guardian _____ Phone _____

Emergency Phone _____ E-mail _____

As with any sport, fencing requires physical training which can be strenuous at times. Do you have any physical or medical conditions that could affect your ability to participate in this sport?

Please explain _____

Waiver of Liability—I understand and appreciate that participation in a sport carries risk of serious injury. I hereby assume all risks of injury and I hereby release the Cokesbury Fencing Club, manager and staff from any liability.

All private and group lessons must be taken during the 10 week session. No carry-overs. You must give 24 hours notice to cancel a lesson otherwise you will be charged for it.

Parent or Guardian's signature _____ Date _____

Make checks payable to Clinton Fencing Club

We accept   () MasterCard () Visa

Card # _____

Expiration Date _____ CV2 code number _____

Name on Card _____

Total Amount _____

Clinton Fencing Club
24 Cokesbury Rd (Suite 5)
Lebanon, NJ 08833
908-236-6226

How did you hear about us? _____