



TigerZ Fencing Academy

SEPTEMBER 3, 2019 – NOVEMBER 30, 2019

STUDENT INFORMATION

Student Name: _____

Gender: Male Female _____

Name of School: _____ Grade: _____

Weapon: Foil Epee Saber _____

Level (beginner/adv.): _____

USFA ID # (Required): _____

PARENTS INFORMATION

Legal Guardian's Name: _____

Home Address: _____

Home phone: _____

Cell phone: _____

E-mail address: _____

EMERGENCY CONTACT

Name: _____

Home Phone Number: _____

Cell Phone Number: _____

IMPORTANT INFORMATION

- I understand that the sport of fencing may have inherent risks that could result in injury, accident, disability, or death. Intending to be legally bound, I hereby release for myself, my heirs, executors and administrators, any and all rights and claims for damages against TigerZ Fencing Academy, USFA, instructors and assistants, and/or their officers, employees, agents and representatives for any and all injuries or loss or damages incurred as a result of participation in the TigerZ Fencing Academy fencing program.
- I am in good physical condition and have no underlying physical problems that would preclude my participation in fencing. Tigerz Fencing Academy personnel have no expertise in treating any medical conditions; I give consent to TigerZ Fencing Academy to obtain medical care at my expense from any licensed physician, hospital, or clinic for any injury or illness that may arise during activities associated with TigerZ Fencing Academy.
- I affirm that I have read and agree to abide by the published rules and guidelines of the TigerZ Fencing Academy fencing program. I have been given an opportunity to ask questions that I may have. I have fully informed myself of the contents of this release form by reading it before signing. I give permission for my minor child or ward to participate in the TigerZ Fencing Academy fencing program. I authorize TFA to use photographs or video of me for promotional purposes.
- I understand that all fees are nonrefundable.

Parent's Signature: _____

Today's Date: _____