

# FENCERS CLUB

EST. 1883

*Fencers Club is a 501(c)(3) not-for-profit organization dedicated to promoting excellence through the sport of fencing.  
We actively support a culture of sharing by performing community services that extend beyond fencing.*

## New Member Info Packet

Name of New Member: \_\_\_\_\_

Parent Name (if applicable, under 18): \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

USA Fencing Member ID Number (required): \_\_\_\_\_

- Intro Package: 1 month from start date
- Extension Package 6 class: 6 weeks from start date
- Trimester: 3 consecutive months
- College Team (NCAA active athletes): yearly
- Regular Membership: 1 year from start date
- Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Coach: \_\_\_\_\_ Weapon: \_\_\_\_\_

Referred by: \_\_\_\_\_



COMMUNITY OLYMPIC  
DEVELOPMENT PROGRAM  
FENCERS CLUB

229 W 28TH ST, 2ND FL | NEW YORK, NY 10001 | T: 212.807.6947 | F: 212.807.6944

WWW.FENCERSCLUB.ORG | INFO@FENCERSCLUB.ORG | Fencers Club is a 501(c)(3) non-profit organization

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## Liability Release & Parental Consent

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT'S NAMES (if applicable): \_\_\_\_\_

PARENT'S EMAIL (if applicable): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

BUSINESS PHONE (if applicable): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

SPECIAL NEEDS/REQUESTS: \_\_\_\_\_

HEALTH INSURANCE PROVIDER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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### Parental Consent & Release from Liability (if under 18)

I, \_\_\_\_\_, hereby authorize organizers, their agents, and their representatives to seek emergency medical attention for my child, \_\_\_\_\_ while in their custody.

While I understand organizers will attempt to contact me, I agree the organizers shall be in no way responsible for the outcome of such medical treatment and hereby release them of all liability.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



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## Fencers Club Safety Rules & Waiver

|                            |   |
|----------------------------|---|
| <b>Wear Mask</b>           | <ol style="list-style-type: none"><li>1) ALWAYS WEAR A MASK If you are fencing or ON A STRIP NEXT TO FENCERS.</li><li>2) NEVER, DEMONSTRATE A MOVE UNLESS BOTH YOU AND YOUR PARTNER ARE WEARING MASKS. THIS IS WILL BE GROUNDS FOR BEING ASKED TO LEAVE THE CLUB FOR THE DAY.</li><li>3) Beginning fencers IN A CLASS must get permission from THEIR COACH before REMOVING their masks.</li><li>4) All group classes must have masks on BEFORE PICKING up WEAPONS. To finish, PUT WEAPONS down, then REMOVE masks.</li><li>5) AS YOU GAIN EXPERIENCE, YOU WILL LEARN TO HANDLE BOTH WEAPON AND MASK CORRECTLY IN ORDER TO SALUTE YOUR OPPONENT BEFORE A BOUT OR YOUR COACH BEFORE A LESSON.</li></ol> |
| <b>Listen to the Coach</b> | <ol style="list-style-type: none"><li>1) In all group classes, fencers must have their eyes on the coach when he is talking (so the coach knows you are paying attention).</li><li>2) Fencers must attempt all skills, as instructed by a coach. A part of all fencing technique is safety. Even if you are not good at the technique, if you try to execute the skill, the way the coach instructs you to – you will be safe.</li></ol>  |
| <b>Eyes Open</b>           | <ol style="list-style-type: none"><li>1) Before moving around the fencing floor, you must look to see where everyone is and take a route that keeps you out of the way of the fencers, remembering that the fencers USUALLY move VERY FAST AND, ESPECIALLY, PAY ATTENTION ONLY TO THEIR OPPONENT NOT TO BY-STANDERS</li><li>2) NEVER, WALK ACROSS A FENCING STRIP BEING USED BY TWO FENCERS.</li><li>3) Your drilling or fencing partner cannot see behind HIM/HER. You need to stop THE BOUT and warn HIM OR HER if there is AN OBSTRUCTION behind them - I.E., A BENCH, a wall, a person, OR equipment.</li></ol>   |
| <b>Proper Equipment</b>    | <ol style="list-style-type: none"><li>1) YOU MUST WEAR A FULL FENCING UNIFORM CONSISTING OF APPROVED mask, jacket, plastron OR UNDERARM PROTECTOR, knickers, AND GLOVE. MEN SHOULD WEAR A PROTECTIVE CUP AND WOMEN A CHEST PROTECTOR.</li><li>2) ABSOLUTELY FORBIDDEN ARE SHORTS, JEANS, OR SWEATPANTS OF ANY SORT.</li><li>3) Athletic shoes with non-marking soles.</li><li>4) For beginning classes, rental equipment and a glove (to cover your fencing hand) are available and must be worn.</li><li>5) Uniforms must be kept in clean and safe condition. Experienced members can show you how to care for your electric vest &amp; mask</li></ol>  |
| <b>Physically Ready</b>    | <ol style="list-style-type: none"><li>1) Warm up. It is the fencer's responsibility to warm up. Come early to make sure you are adequately warmed up to fence.</li><li>2) If you have any medical conditions, see your doctor first. The Fencers Club makes no representation about being able to give medical advice.</li><li>3) Do not fence if there is a medication issue that will cause you to have trouble focusing and/or staying alert.</li></ol>  |
| <b>Improper Movement</b>   | <ol style="list-style-type: none"><li>1) No Running [EXCEPT IN CLASS EXERCISE] AND NO Horseplay. 2) No hard hitting on purpose AND, ESPECIALLY, No retaliation. 3) No Walking while holding YOUR WEAPON up in the air 4) WHEN MOVING ACROSS THE FLOOR, ALWAYS CARRY YOUR WEAPON BY THE TIP, AND THE HANDLE TOWARD THE FLOOR; THIS IS TO ENSURE THAT YOUR TIP IS NOT ENDANGERING ANYONE. 5) If you see a breach of safety or improper behavior, please bring it to the attention of a coach or FC staff member ASAP.</li></ol>   |

Member's Name: \_\_\_\_\_ Parent's/Guardian's Name, if applicable: \_\_\_\_\_

I verify that I have read, understand and agree to be bound by the safety rules at the Fencers Club. Furthermore, I understand that as in any athletic activity, there is a risk for injury from fencing and I (or my child) accept the risk willingly. I hereby release the Fencers Club and all employees herein from all responsibility for injuries incurred at the Fencers Club and authorize the Fencers Club to request medical treatment as necessary.

New Member's Signature: \_\_\_\_\_ Parent/Guardian's Signature and Date: \_\_\_\_\_



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## Class Cancellation Policy

Please be considerate of other members by providing 24-hour cancellation notice when you are unable to keep your scheduled lesson or class. This will provide an opportunity for someone else to use that scheduled time. Missing a scheduled class, or lesson without providing adequate notice results in the loss of service to other members. Consequently, the class/lesson fee will be charged for each scheduled class or lesson not cancelled in advance. Within 24 hours of cancellation, please **call your coach directly** and leave your name, the date and time you are calling and the scheduled class or lesson you are cancelling. Members are encouraged to pay for lessons in advance. All coaches must be paid directly.

I understand the Fencers Club policy and I may be charged for classes/lessons, if 24-hour notice is not given.

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Member Signature

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Print Name

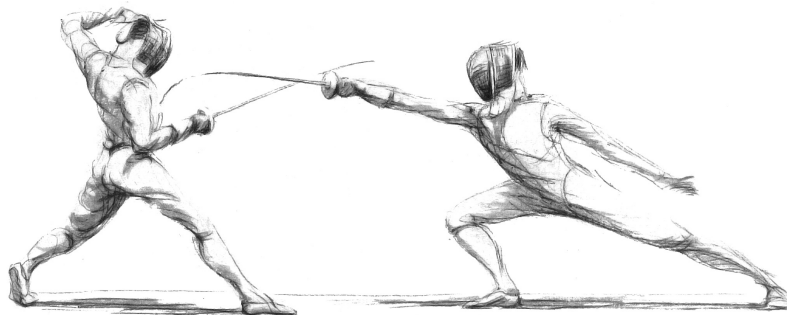
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Parent or Guardian Signature (if applicable)

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Print Parent or Guardian Name (if applicable)

Date: \_\_\_\_\_



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## Photo Release Form

I hereby grant the Fencers Club permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Fencers Club and will not be returned. I hereby irrevocably authorize the Fencers Club to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Fencers Club's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Fencers Club from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

-----  
If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
Parent/Guardian's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name



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## Credit Card Authorization Form

|                                  |  |                |
|----------------------------------|--|----------------|
| <b>Name:</b>                     |  |                |
| <b>Service:</b>                  |  |                |
| <b>Credit Card Holder's Name</b> |  |                |
| <b>Billing Address:</b>          | City   | State          |
|                                  | Zip Code   |                |
|                                  |  |                |
| <b>Best Phone Contact #:</b>     |  |                |
| <b>Best E-mail:</b>              |  |                |
| <b>Credit Card Info:</b>         | Number:  |                |
|                                  | Expiration Date:   | Security Code: |
|                                  | Check One: Visa ( ) Master ( ) Amex ( ) Discover ( )   |                |
| <b>Amount to Charge:</b>         |  |                |
| <b>Date to Charge:</b>           |  |                |
| <b>Frequency:</b>                | <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |                |

By signing below, I hereby authorize Fencers Club to charge the credit card listed above for the amount and purpose specified.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please complete and return this form to Fencers Club or e-mail it to [info@fencersclub.org](mailto:info@fencersclub.org).  
Thank you for your business.*



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