

FENCERS CLUB

EST. 1883

Fencers Club is a 501(c)(3) non-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.

Veterans On Guard! Fencing Program Registration Forms

Program Goals: To provide the highest level of training to engage military Veterans and Active Duty personnel through fencing. Sessions will take place weekly at our state-of-the art facility in Chelsea. All equipment and instruction will be provided free to Veterans. We will provide opportunities for Veterans to compete locally, nationally, and internationally. We will also provide opportunities for our Veteran fencers to learn to coach, if they are so inclined, by working with students in our Fencers Club Partner Schools Program.

Session Schedule: 2-hour program (Wednesdays, 1:00-3:00PM and Mondays, 7:30-9:30PM)

- 1:00-1:30PM: Warm up, stretching, and change into fencing uniform
- 1:30-2:00PM: Fencing Drills: footwork, blade work, and tactical exercises
- 2:00-2:45PM: Supervised bouts (including strategy sessions)
- 2:45-3:00PM: Cool-down, stretching, announcements

Full Name: _____

Full Address: _____

E-mail: _____ **Tel:** _____

Date of Birth: _____ **SSN Last 4 Digits:** _____

Branch of service: _____ **Years in service:** _____

Duties/positions held while in service: _____

Highest Rank: _____ **Discharge date:** _____

Veterans Organization Affiliation(s): _____

Disability (if applicable): _____

Are you eligible for Paralympic (wheelchair) fencing? Yes | No

Do you have medical clearance to participate in sports? Yes | No

All personal information will be kept strictly confidential only to be used by Fencers Club and/or the VA for administrative purposes.



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 & Consent

NAME: _____ DATE: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

ALLERGIES: _____

SPECIAL NEEDS/REQUESTS: _____

HEALTH INSURANCE PROVIDER: _____

POLICY NUMBER: _____ PHONE: _____

Consent & Release from Liability

I, _____, hereby authorize organizers, their agents, and their representatives to seek emergency medical attention on my behalf while in their custody. Furthermore, 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: _____

Copy of Military/VA Identification



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Fencers Club Safety Rules & Waiver

Wear Mask	<ol style="list-style-type: none">1) ALWAYS WEAR A MASK if you are fencing or ON A STRIP NEXT TO FENCERS.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.3) Beginning fencers IN A CLASS must get permission from THEIR COACH before REMOVING their masks.4) All group classes must have masks on BEFORE PICKING up WEAPONS. To finish, PUT WEAPONS down, then REMOVE masks.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.
Listen to the Coach	<ol style="list-style-type: none">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).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.
Eyes Open	<ol style="list-style-type: none">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-STANDERS2) NEVER, WALK ACROSS A FENCING STRIP BEING USED BY TWO FENCERS.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.
Proper Equipment	<ol style="list-style-type: none">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.2) ABSOLUTELY FORBIDDEN ARE SHORTS, JEANS, OR SWEATPANTS OF ANY SORT.3) Athletic shoes with non-marking soles.4) For beginning classes, rental equipment and a glove (to cover your fencing hand) are available and must be worn.5) Uniforms must be kept in clean and safe condition. Experienced members can show you how to care for your electric vest & mask
Physically Ready	<ol style="list-style-type: none">1) Warm up. It is the fencer's responsibility to warm up. Come early to make sure you are adequately warmed up to fence.2) If you have any medical conditions, see your doctor first. The Fencers Club makes no representation about being able to give medical advice.3) Do not fence if there is a medication issue that will cause you to have trouble focusing and/or staying alert.
Improper Movement	<ol style="list-style-type: none">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.

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 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.

Name: _____ Signature: _____



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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.

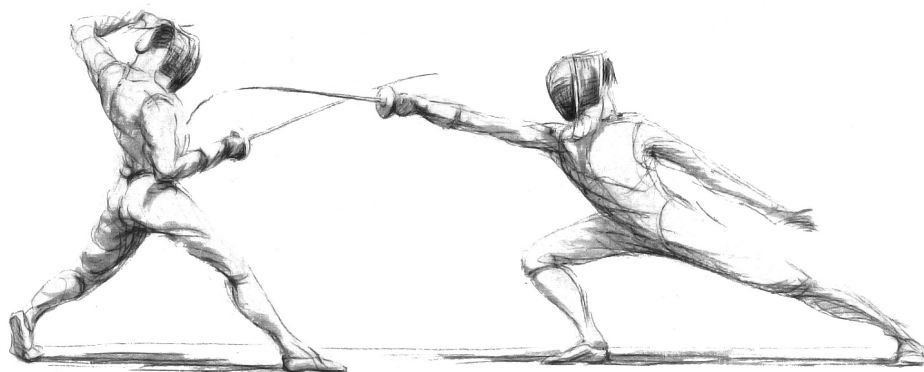
I hereby hold harmless and release and forever discharge the Fencers Club from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 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: _____



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2013-14 Membership Application
Please print clearly or type the following:
***Required Information**

New Member Renewal

Renewing Membership # _____

*Last name _____ *First name _____ M I _____

*Birth date ____/____/____ Male Female

*U.S. Citizen? Yes No

If NO, Country of Citizenship _____

If NO, Permanent Resident? Yes, Issue Date ____/____/____

Proof of permanent residency must be submitted to National Office to compete in Qualifiers and National Championships.

Primary mailing address: Home School Employer

*Street Address _____ Suite/Apartment # _____

*City _____ State _____ ZIP _____

(____) ____ - _____

Primary Phone

*E-mail 1: _____
 (Primary email is used for online membership account log-in)

E-mail 2: _____

Check here to opt out of receiving fencing information by e-mail or mail.

A member can declare a division affiliation based on his or her residence, location of the school that member is attending or location of club. If a division is not indicated, the fencer will be assigned to the division based on residence.

*Division: _____
 Division information can be found on the USA Fencing website

*Division based on: Residence Club School

Primary/ Competition Club: _____

Type: School Club

Secondary Club: _____

Type: School Club

NCAA Affiliation: _____

The information presented here is used solely to comply with fencing rule o.13 so that conflicts are avoided.

The USA Fencing Membership year runs

August 1, 2013 to July 31, 2014.

MEMBERSHIP TYPE:

1 year memberships expire 7/31/14 (see reverse for requirements and benefits)

Competitive Membership Types: **1 year**
 Competitive \$70
 Professional \$105
 Life Installment (\$120 for 10 years) \$120
 Life (see reverse for information on life benefactor) \$1,200

Other Membership Types: **1 year**
 Non-Competitive \$5
 Supporting \$25

Upgrades **1 year**
 Non-Competitive to Competitive \$65
 Professional + (Add-on includes background screen) \$35
 Supporting (For parents of comp athletes under 18) \$10
 (Supporting parents – please complete a separate application for your membership)

CONTRIBUTION: \$100 \$50 \$25 Other: _____

USA Fencing is a 501 (c)(3) non-profit organization.
 Contributions are tax deductible to the extent allowed by law.

PAYMENT METHOD: PLEASE DO NOT SEND CASH
USA Fencing memberships are non-refundable and non-transferable

Check (Make checks payable to USA Fencing.
 There is a \$25 fee for returned checks)
 VISA MasterCard Discover American Express

Credit Card # _____

Exp. Date _____

Print Name _____

Signature _____

Mandatory Authorized Cardholder Signature

Billing Address for credit card (if different than mailing address)

Street Address _____ Suite/Apartment # _____

*City _____ State _____ ZIP _____

Total amount enclosed \$ _____

Please note that the Release and Waiver located on page 2 must be completed before the membership form can be processed.

