**Sierra Blades Fencer Registration Form**

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

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

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

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

Tuesday, Thursday Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $150 monthly

Private lessons: \_\_\_\_\_\_\_\_\_\_\_\_\_ $125 monthly

Intensive Beginning Foil Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_ $100

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**Waiver**

By signing below, I accept that fencing poses risks of serious injury to my child. Sierra Blades will exercise appropriate care in all fencing activities but cannot promise an experience that is free from risk or serious injury. By signing below I release from any and all liability Sierra Blades, Benjamin Korn, Ashley Parr, the landlord at 9410 Prototype Drive, and the United States Fencing Association. I willingly accept these risks on behalf of my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Date