

Academy Enrollment Form (choose one)

CLASS CAMP

FREE WORKSHOP

ANNUAL STUDENT RENEWAL

Rhode Island Fencing Academy and Club

14 Almeida Ave, East Providence, RI 02914 USA phone 401-434-2404 fax 401-434-2405 email info@rifac.com

www.RIFAC.com

fencer's first name	last name (please write neatly)
date of birth – month / day / year	address
city	state / zip
phone	email
parent #1 contact info (if fencer is under 18) – name / phone / 2nd phone / email	
parent #2 contact info (if fencer is under 18) – name / phone / 2nd phone / email	
please list below any medical conditions that we should be aware of (allergies, disabilities, etc.):	

WAIVER

I understand and appreciate that participation in sport carries a risk of serious injury. I knowingly accept and assume this risk, and release the Rhode Island Fencing Academy and Club, its sponsors, instructors, and officers from any liability.

signature of student, or parent/guardian for those under 18

CONSENT FOR MEDICAL TREATMENT

I give consent to the staff and coaches of the Rhode Island Fencing Academy and Club to obtain medical care from any licensed physician, hospital or clinic for any injury or illness that may arise during activities associated with the Rhode Island Fencing Academy and Club.

signature of student, or parent/guardian for those under 18

PHOTOGRAPHY

The Rhode Island Fencing Academy and Club may take pictures during class activities. These photographs may be used for public relations, advertisements, and on our website to promotional purposes. By signing below, I give permission for the Rhode Island Fencing Academy and Club to take and use photographs of me/my child.

signature of student, or parent/guardian for those under 18 date

HOW DID YOU HEAR ABOUT RIFAC?

date

date