

Start Date:

Registration Form for the Musketeers Fencing Society 2016-2017

Name:

Address:

Home Phone #:

Work/School/Business Phone #:

School/Organization:

Email (please print clearly):

Birth Date (optional for competition planning purpose):

Fencing Passport Number:

Secondary Duties (Not applicable to 1st session members):

Objectives (Competition, fitness, personal skill repertoire, etc):

Any medical conditions to take note of:

How did you find about us?

I understand the nature of the sport to be combative and I will abide by the safety rules of the facilities. At all time, sport insurance will be enforced and any liabilities will not be levied against the Musketeers Fencing Society, its directors, or members.

Signature of Registrant (Parent or Guardian if under 18)

Drop In ☐