



Extracurricular fencing 2018-2019 Registration & Liability Release

Classes: Youth 60 min. (Gr. 2-6): Thursdays 2:35-3:35 PM, Cost per session: \$74

- Session 1: Sept. 27, Oct. 4, 11, 18, 25 (registration deadline, Mon. Sept. 17)
- Session 2: Nov. 8, 15, 29, Dec. 6, 13 (deadline, Mon. Oct. 29)
- Session 3: Jan. 10, 17, 24, 31, Feb. 7 (deadline, Mon Jan. 7)
- Session 4: Feb. 28, March 7, 14, 21, 28 (deadline, Mon. Feb. 11)

	Gender	DOB	<u>Dominant hand</u>	<u>Shirt size</u>
Child's Name _____	male/female (___ / ___ / _____)	age _____	circle: right left	youth S M L XL adult S M
_____	male/female (___ / ___ / _____)	age _____	circle: right left	youth S M L XL adult S M

Parent's name(s): _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Relationship _____ phone # _____

Please list any allergies, special learning needs, medical conditions, or previous injuries that we should be aware of:

PHOTO RELEASE:

I HEREBY Do Do NOT GIVE CONSENT FOR PHOTOGRAPHS TAKEN OF MY CHILD OR CHILDREN DURING A FENCING EVENT TO BE USED BY THE ROCHESTER FENCING CLUB ON THEIR WEBSITE, FACEBOOK PAGE OR IN OTHER PROMOTIONAL MATERIALS.

RELEASE: I HEREBY RELEASE RFC AND ANY OF ITS STAFF FROM ANY RESPONSIBILITY OR LIABILITY IN CONNECTION WITH THIS ACTIVITY. I CERTIFY THAT MY CHILD/CHILDREN IS/ARE IN GOOD PHYSICAL HEALTH AND HAVE NO LIMITATIONS WHICH PREDISPOSE HIM/HER/THEM TO RISK DURING THIS PROGRAM. RFC DOES NOT PROVIDE ACCIDENT INSURANCE COVERAGE.

MEDICAL POLICY: IN CASE OF MEDICAL EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT PARENTS/GUARDIANS OR EMERGENCY CONTACTS. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO AN EMPLOYEE, COACH, AND/OR MANAGER AT THE ROCHESTER FENCING CLUB OR SETON CATHOLIC SCHOOL TO SECURE PROPER TREATMENT FOR MY CHILD/RELATIVE/INDIVIDUAL AS NAMED ABOVE. I ALSO CONFIRM THAT THE ABOVE INFORMATION IS BOTH COMPLETE AND CORRECT.

Parent/Guardian Signature

Date

Please submit this form and full payment to the MAIN OFFICE **no later than Monday, October 29th.**

Registration will not be complete until payment is received.

All checks should be made payable to Seton Catholic School.

A minimum of 4 children is required to hold a class. Please don't delay.

First child 5-week session tuition: _____

Sibling class tuition: _____

Total Amount Due: