



Resilience, Competition, Diversity, Focus & Innovation

REGISTRATION FORM *(AGES 13 & UP)*

☐ RECREATIONAL

☐ COMPETITIVE

☐ CREDIT/DEBIT CARD

☐ CHECK

☐ PAYPAL

☐ CHASE QUICK PAY

☐ CASH

MEMBERSHIP START DATE: _____

MEMBERSHIP TYPE

ENROLLMENT FEE

COMMITMENT

RECREATIONAL

☐ RECREATIONAL MEMBERS

\$30.00 per session
non-refundable

DAILY commitment _____ initials

COMPETITIVE

☐ NON-MEMBERS

\$50.00 per session (*non-refundable*)

DAILY commitment _____ initials

\$20.00 per session

PRIVATE LESSON

\$700.00

(10 sessions + 1 free) commitment _____ initials

☐ I.C.F. MEMBERS

\$150.00 per session (*non-refundable*)

EVERY 3 MONTHS

\$40.00 per session (*non-refundable*)

DAILY commitment _____ initials

PRIVATE LESSON INCLUDED

\$400.00

(10 sessions + 1 free) commitment _____ initials

☐ HIGH SCHOOL FENCING TEAM
MEMBERS

\$75.00 per session (*non-refundable*)

EVERY 3 MONTHS

\$40.00 per session (*non-refundable*)

DAILY commitment _____ initials

PRIVATE LESSON INCLUDED

\$400.00

(10 sessions + 1 free) commitment _____ initials

By Signing Below, I agree that I have received, read, and understand my rights regarding cancellation and payment options and agree to the terms of this contract.

(AGE 18 & OVER) Signature of Member: _____

Date: _____

Parent/Guardian Signature if under 18: _____

Date: _____



Resilience, Competition, Diversity, Focus & Innovation

RULES

- FENCING EQUIPMENT WILL BE PROVIDED
- REPORT ANY DAMAGED OR MALFUNCTIONING EQUIPMENT TO A STAFF MEMBER IMMEDIATELY.
- PROPER ATTIRE AND FOOTWEAR ARE REQUIRED.
- DO NOT BRING FOOD INTO THE FENCING AREA.
- ALCOHOL, TOBACCO PRODUCTS (*INCLUDING VAPE PEN & MARIJUANA*), AND ILLEGAL DRUGS (*INCLUDING ANABOLIC STEROIDS*) ARE PROHIBITED IN THE BUILDING (STUDENTS & PARENTS/GUARDIANS).
- BE ON TIME!!! IF YOU ARE GOING TO BE LATE TEXT OR CALL THE HEAD COACH. AFTER 30 MINUTES OF LATENESS YOU WILL BE CHARGED THE FULL AMOUNT REGARDLESS! YOU HAVE UP TO 24 HOURS TO CANCEL A SESSION.

MEMBERSHIP DESCRIPTION

(FENCING INSTRUCTION WHETHER IT IS AN INDIVIDUAL OR GROUP LESSONS ARE ABOUT 1.5 HOURS ONLY FOR THE COMPETITIVE CATEGORIES HAVE A 20-30 MINUTE PRIVATE LESSON ADDED. 10-15 MINUTES LESSONS FOR THE RECREATIONAL CATEGORY)

RECREATIONAL MEMBERS: THESE ARE STUDENTS WHO ARE NOT COMPETITIVE (F.I.E., U.S.F.A. & P.S.A.L.)

NON-MEMEBERS: NOT AFFILIATE & NOT REPRESENTING INNER CITY FENCING D.B.A. ON THE COMPETITIVE LEVEL (U.S.F.A. & P.S.A.L.)

INNER CITY FENCING MEMBERS: AFFILIATE & REPRESENTING INNER CITY FENCING D.B.A. ON THE COMPETITIVE LEVEL (U.S.F.A.)

HIGH SCHOOL FENCING TEAM MEMBERS: AFFILIATE & REPRESENTING INNER CITY FENCING D.B.A. ON THE HIGH SCHOOL COMPETITIVE LEVEL: (P.S.A.L.)

PAYMENTS

MEMBERSHIPS (HIGH SCHOOL FENCING TEAM AND I.C.F. ARE EVERY THREE MONTHS. RECREATIONAL, NON-MEMBERS AND SESSIONS ARE PER VISIT)

- **CASH:** ALWAYS IN PERSON AT THE SITE
- **CHECK:** MAKE IT OUT TO *INNER CITY FENCING, DBA* (***ALWAYS INDICATE ON THE CHECK FENCING LESSONS AND TIME PERIOD***) AND GIVE IT IN PERSON OR SEND IT TO P.O. BOX 684 BRONX NY 10461-9998
- **CREDIT/DEBIT CARD*:** PAYPAL CARD READER WILL BE USED. ALWAYS IN PERSON AT THE SITE.
- **CHASE QUICKPAY & PAYPAL*:** SEND IT TO INNERCITYFENCING@GMAIL.COM (***ALWAYS INDICATE FENCING LESSONS AND TIME PERIOD***)

****2.7% CHARGE IS INCLUDED IN PAYPAL PAYMENTS***



Resilience, Competition, Diversity, Focus & Innovation

Acceptance and Agreement

I hereby agree to accept and abide by the terms of this **Registration form and Agreement**. I understand that this membership agreement is for a term of: **(INITIAL ONLY TO YOUR CHOSEN PACKAGE)**

RECREATIONAL MEMBERSHIP as per session will continue thereafter on a daily basis unless cancelled by me with 30 days advanced written notice. _____

_____Initials

NON-MEMBERS as per session and will continue thereafter on a daily basis unless cancelled by me with 30 days advanced written notice. _____

_____Initials

INNER CITY FENCING MEMBERSHIP as per every THREE (3) months and will continue thereafter and as per session on a daily basis unless cancelled by me with 30 days advanced written notice. _____Initials

H.S. FENCING TEAM MEMBERSHIP as per every THREE (3) months and will continue thereafter and as per session on a daily basis unless cancelled by me with 30 days advanced written notice. _____Initials

I hereby agree to accept and abide by the terms of this **Basic Membership Application and Agreement**. I understand that this membership agreement is in accordance to the **category chosen** and will continue unless cancelled by me with 30 days advanced written notice. _____Initials

I hereby **authorize** INNER CITY FENCING, DBA to effect **payment** for daily dues and approved membership charges for the duration of my membership through electronic funds transfer. This authorization is to remain in full effect until the organization has received WRITTEN NOTIFICATION from me on cancellation in writing 30 days prior to requested cancellation date. _____Initials

I agree to release and hold harmless, INNER CITY FENCING, DBA, and its employees, from any loss, liability, claim of bodily injury or property damage, or costs which may arise due to my use of INNER CITY FENCING, DBA equipment and my participation in INNER CITY FENCING, DBA programs, as governed by the laws of New York State.

IN WITNESS WHERE OF, THE PARTIES HERE TO HAVE EXECUTED THIS AGREEMENT BY THEIR DULY AUTHORIZED REPRESENTATIVES AS OF THE DATE

FIRST SET FORTH ABOVE.

Company Name: *INNER CITY FENCING, D.B.A.*

Recipient Name: _____

Address: *P.O. BOX 684, BRONX, NY 10461-9998*

Address: _____

Title: *SOLE PROPRIETOR/CO-FOUNDER*

Parents/Guardian: _____

Date: _____

Date: _____

Signature: _____

Signature: _____



Resilience, Competition, Diversity, Focus & Innovation

RELEASE AND TERMS OF PARTICIPATION

Below are the necessary terms to be agreed to for athletes (students) to participate in the sports activities at Inner City Fencing, D.B.A.

(AGE 18 & OVER) This release executed on (DATE) _____ by (ATHLETE) _____

Of (ADDRESS IN FULL) _____ (PHONE) _____

OR by parent(s) or legal guardian (NAME) _____ Of (ATHLETE) _____ **A MINOR UNDER (18)**

YEARS OF AGE OF (ADDRESS IN FULL) _____

(PHONE) _____ referred to as **athlete**.

In consideration for being permitted to participate in all sports activities and competitions sponsored, organized, operated and/ or managed by *Inner City Fencing, D.B.A.* **athlete** for his/her legal representatives, heirs, and assigns, hereby releases, waives and discharges *Inner City Fencing, D.B.A.* its officers, members, sponsors, owners, employees and each of them, their officers and employees, here referred to as *Inner City Fencing, D.B.A.* from all liability to the **athlete**, legal representatives, heirs and assigns from any and all loss or damage, and any claim of damages resulting there from on account of injury to **athlete's** person or property, even injury resulting in death of the **athlete**, whether by the negligence of **the athlete** or third parties that may occur during the presence of the athlete in, about or upon any facility or designated location in use by *Inner City Fencing, D.B.A.* at the time the loss, damage or injury occurred to **athlete**.

Athlete expressly agrees to indemnify *Inner City Fencing, D.B.A.* for personal injury and/or damage caused by the negligence or intentional direct or indirect acts of the **athlete**.

Athlete expressly agrees that this release/indemnity agreement is intended to be as a broad and inclusive as permitted by laws of the state where *Inner City Fencing, D.B.A.* is holding sports activities and competitions and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The athlete, student, adult known as **athlete** warrants that he or she to the best of his/her knowledge is in good physical condition and has no disabilities, impairments, or ailments which would be adversely affected by participation in the physical sport of fencing.

I am 18 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.

ATHLETE (PRINT NAME): _____ SIGNATURE: _____

Emergency Phone Number: _____ Doctor (OPTIONAL): _____

PARENT OR GUARDIAN OF THE ATHLETE (PRINT NAME): _____

Signature: _____ Emergency#: _____

Doctor (OPTIONAL): _____



Resilience, Competition, Diversity, Focus & Innovation

PHOTO RELEASE

I hereby grant **INNER CITY FENCING, D.B.A** permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, and Facebook without payment or any other consideration. I further give permission to share this image (OR THESE IMAGES) with **PHAZION PHOTOGRAPHY LLC & INNER CITY FENCING, D.B.A.** – for use in any and all of its publications, including website entries, Instagram and Facebook without payment or other consideration.

I understand and agree that these materials will become the property of **INNER CITY FENCING, D.B.A.** and will not be returned. I hereby irrevocably authorize **PHAZION PHOTOGRAPHY LLC** and **INNER CITY FENCING, D.B.A.** to edit, alter, copy, exhibit, publish or distribute this photo for the purposes of publicizing the its 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 **PHOTOS AND VIDEOS** 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 18 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.

(PRINT FULL NAME): _____

(SIGNATURE): _____ (DATE): _____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(PRINT FULL NAME OF PARENT/GUARDIAN): _____

(SIGNATURE): _____ (DATE): _____



Resilience, Competition, Diversity, Focus & Innovation

PROGRAM: ***THE OLYMPIC SPORT OF FENCING***

INSTRUCTION WILL BE SUNDAYS FROM 10:00 AM-4:00 PM

CURRENT LOCATION: ***OUR CHILDREN'S FOUNDATION, INC.***
 527 WEST 125TH STREET
 NEW YORK, NY 10027

MAIN INSTRUCTORS: ***MOSES SISTRUNK, JR.***

ASSISTANT INSTRUCTORS: ***NOEL DUMAGUING & DESTINY MCINTOSH***

TO ENTER THE FACILITY, YOU MUST PRESS THE DOOR BELL. YOU WILL BE LET IN AND SOMEONE WILL ESCORT YOU TO THE THIRD FLOOR AND WHEN YOUR LESSON IS OVER YOU WILL BE ESCORTED OUT OF THE BUILDING. THE STAIRCASE WILL BE USED TO ENTER OR LEAVE THE PREMISES BY ESCORT OR WHEN THE ELEVATOR IS NOT FUNCTIONING.

THIS IS A TEMPORARY LOCATION. WE WILL LET YOU KNOW WHEN WE HAVE A PERMANENT ONE. I WILL ALSO LET YOU KNOW WHEN IS THE LAST DAY OF FULLY UTILIZING THE SPACE.



Resilience, Competition, Diversity, Focus & Innovation



Resilience, Competition, Diversity, Focus & Innovation



Resilience, Competition, Diversity, Focus & Innovation



Resilience, Competition, Diversity, Focus & Innovation



Resilience, Competition, Diversity, Focus & Innovation



Resilience, Competition, Diversity, Focus & Innovation