



Resilience, Competition, Diversity, Focus & Innovation

REGISTRATION FORM *(AGES 5-12)*

PLEASE PRINT LEGIBLY AND SIGNATURE ON THE NEXT PAGE

STUDENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE#: _____ DATE OF BIRTH: _____

MALE ☐ FEMALE ☐ OTHER ☐

PARENTS/GUARDIANS INFORMATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE#: _____ EMAIL: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE#: _____ EMAIL: _____

LIST ANY MEDICAL PROBLEMS OR PROHIBITIONS STUDENT HAS:



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2 MONTHS PAYMENT UP FRONT COMMITMENT OF:

\$60.00 (PAID IN FULL & NONREFUNDABLE) \$30 MONTHLY FEE PER STUDENT (AGES 5-7 YEARS OLD)

\$120.00 (PAID IN FULL & NONREFUNDABLE) \$60 MONTHLY FEE PER STUDENT (AGES 8-12 YEARS OLD)

- **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**

RULES

- FENCING EQUIPMENT WILL BE PROVIDED
- MEMBERS 5-12 YEARS OF AGE MUST BE ACCOMPANIED BY PARENT/GUARDIAN AT ALL TIMES.
- REPORT ANY DAMAGED OR MALFUNCTIONING EQUIPMENT TO A STAFF MEMBER IMMEDIATELY.
- PROPER ATTIRE AND FOOTWEAR ARE REQUIRED. (*Sweat pants, proper length shorts, sneakers t-shirt*)
- ALWAYS BRING A BOTTLE OF WATER.
- 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 HAVE UP TO 24 HOURS TO CANCEL A SESSION.

BE ON TIME!!! IF YOU ARE GOING TO BE LATE TEXT OR CALL THE HEAD COACH!!!!

By signing, I agree that I have received, read, and understand my rights regarding commitment of 8 weeks (2 months), payment options, the rules and agree to the terms of this registration form.

PARENT/GUARDIAN (PRINT FULL NAME): _____

SIGNATURE: _____ DATE: _____



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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 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): _____



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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): _____



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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.