



Long Island Fencing Club Membership Form

USFA Membership

Date: _____

Last Name: _____

First Name: _____

Address: _____

Home Phone #: _____ Mobile Number: _____

Emergency Contact Name _____ Emergency Contact Number _____

E-Mail: _____

WAIVER:

I understand that Fencing is an active physical sport, which may involve injury to myself or my child.

My signature indicates that I release and hold harmless the instructors, administrators, and officers of the Long Island Fencing Club for such injury or death, should it occur.

I further agree that I or my child may be removed from class for any behavior deemed unacceptable.

Students are responsible for any damages due to blatant negligence.

Members Signature: **X** _____ (Date)

Parent's Signature (If under 18) **X** _____ (Date)