



SEBASTIANI FENCING ACADEMY

Est. 2000

741 Alexander Road - Princeton NJ 08540 Tel: 609.734.0020

email: sebastianifencing@gmail.com

www.SebastianiFencing.com

TRIAL / EVALUATION

FEES:

Trial lesson novice (never fenced before) : \$35

Evaluation any level: \$45

Session must be pre-paid to schedule an appointment.

A 24h cancellation notice must be given to obtain full refund.

STUDENT NAME _____ AGE _____ PARENT'S NAME _____

ADDRESS _____

TEL _____ E MAIL _____

EXPERIENCE _____

NAME OF PREVIOUS CLUB & COACH (evaluation) _____

CC# _____ EXP date: _____

HOW TO DRESS FOR YOUR TRIAL:

The student should wear sweatpants, t-shirt and clean indoor sneakers.

A Fencing gear will be provided for the lesson or you may bring your own if you have fenced before and own equipment.

WAIVER

You represent that you are in good physical condition, have no physical or mental health problems that will preclude

your participation in fencing activities. Specifically, you represent that you have no underlying cardiovascular, neurological or any other illness that will prevent or inhibit your participation in fencing classes in the same manner as a participant without such conditions.

SFA represents that its personnel are trained in providing fencing programs and instruction. SFA represents that its personnel have no expertise in diagnosing, examining or treating medical conditions of any kind or in determining the effect of any specified exercise on said medical condition. You fully understand and agree that in participating in any fencing program, there is the possibility of accident, injury, disability or death. You agree to assume these risks and release and discharge the owners, operators, the United States Fencing Association and sponsors of the premises, activities, etc. and their respective servants, agents, officers and all other participants in the stated activities of and from all claims, demands, actions, and causes of action of any sort, for injuries sustained to the member's person and/or property during the member's presence on the premises and the member's participation in the stated activities.

You give consent to SFA and its representatives to obtain medical care at your expense from any licensed physician, hospital or clinic for you and/or the above mentioned student for any injury or illness that may arise during activities associated with SFA.

You agree to be bound by SFA equipment, facility and safety rules.

I have read, understand and agree to this waiver:

Student's name: _____ **Signature:** _____

Parent's name : _____ **Signature:** _____

Date: _____