

Wisconsin Fencing Academy Registration Form

Fencer Name _____

Age _____ Sex _____ Right Handed _____ Left Handed _____

Date of Birth (M/D/Y) _____

School (if currently attending) _____

If Under 18, Parent Name(s) _____

Address: _____

City _____ Zip _____

Phone: Home _____

Work _____

Cell _____

Email: _____

Special Medical Information:

Waiver: I consent to my (or my son or daughter's if under 18) participation in Wisconsin Fencing Academy programs. I hereby release and discharge the Wisconsin Fencing Academy from accident, injury or illness that I (or my son or daughter if under 18) may suffer as a result of participation in this activity. I understand and appreciate that participation in a sport carries a risk to me (or my son or daughter if under 18) of serious injury. We also will follow the rules and regulations of Wisconsin Fencing Academy, and we agree that club coaches or managers may, at their sole discretion, expel any participant who fails to adhere to the rules of the club.

Signature of Fencer (or parent if under 18)

Date

Questions? Contact Karen Voelz at 262.751.5284 or KarenV@wifencingacademy.com
Mail or deliver completed form to Wisconsin Fencing Academy, 20 S Main Street,
Oconomowoc, WI 53066-5219