



Escrime Du Lac Fencing Club

**FENCING ADVISORY ASSOCIATES**

Indiana Fencing Academy  
109 Lincoln Way West  
Mishawaka, IN 46544  
(574) 256-0111

**INTRODUCTORY COURSE AGREEMENT**

**PLEASE PRINT CLEARLY**

Fencer Name \_\_\_\_\_

Fencer's School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

Weapon  Foil  Epee  Sabre L / R

Parent Name \_\_\_\_\_

If applicable

Parent Name \_\_\_\_\_

If applicable

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(s) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

Business Phone(s) \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Group # \_\_\_\_\_

**BEGINNING DATE:**

**ENDING DATE:**

\*Group classes meet Mondays and Fridays. Instruction includes drills, warm up fencing games, group instruction and fencing within their weapon category.

\*Beginner classes do not include individual coaching/lessons. Private lessons may be arranged with the coach.

\*Club owned mask, glove, weapon, chest protector and jacket are supplied for one calendar month.

\*Fencers should wear LONG athletic pants, t-shirt, socks and athletic shoes. Students may not bout without the proper protective equipment.

\*After the introductory month, all equipment must be returned in working order and all fencing attire must be returned in clean and good condition. A replacement fee will be billed for any items damaged or missing. This fee is the responsibility of the fencer (parent/guardian if fencer is under 18).

Introductory fencing students are provisional members of Fencing Advisory Associates for insurance purposes.

**\$75 for one calendar month**

PAYMENT METHOD:

**Cash**  **Check** (Payable to Fencing Advisory Associates)

Total amount enclosed \$ \_\_\_\_\_

I do hereby agree to waive all liability of Escrime du Lac Fencing Club and Fencing Advisory Associates, an advisory board, their staff and physicians for any injury, illness, or other mishap that might befall the above named fencer while traveling to or from, or during attendance at the Indiana Fencing Academy, or during organized competition or training beyond the club site. Further, I grant permission to the staff and physicians of the above named entities, to any medical or surgical consultant deemed advisable, and any hospital to render the above named athlete any medical and surgical treatment that he/she may deem necessary.

\_\_\_\_\_  
Fencers Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if member is under 18