



St Francis of Goshen School
AFTER SCHOOL FENCING CLASSES
BEGINNERS I AND BEGINNERS II

Where: St Francis School Group

When: Starting on the Sept 10th & 13th Days will be on Mondays BEGINNERS I and Fridays BEGINNERS II

How long: One hour every week for 8 weeks, starting date to be determined.
Anytime school is cancelled there will be no lesson. We will confirm one week before the sessions begin.

Instructor: The program is under the control of Les Stawicki, head coach of the Louisville Fencing Center. The Coaching staff will be

Equipment: All provided by the Louisville Fencing Center

How much: \$130 for Beginners (\$100 for classes and \$30 for uniform) students will receive a practice fencing glove, LFC t-shirt and fencing pants. \$100 for BEGINNER II FENCERS Payment will be due the first session (No later than session two).

If you are interested: Please complete the forms attached and return to Mrs. Rachel Dobring with your school by September 7th.

The Louisville Fencing Center (LFC) is a non-profit organization dedicated to developing and promoting the whole person through the sport of fencing. LFC strives to create national champions (19 LFC fencers), promote recreational fencing, developing competitive have fun and bring out the best in our members as athletes and individuals through a combination of excellent coaching, strong community spirit, innovative ideas and hard work. For more information on fencing please visit... www.LouisvilleFencing.org.

Yes, we have an interest in the after school fencing program at Louisville Classical Academy

Student Name: _____ **Age:** _____ **Grade:** _____

Address: _____

Parent/Guardian: _____ **Phone:** _____

Email address: _____



Louisville Fencing Center, Inc.

Registration Form

Welcome to the LFC. Please fill out all of the information on these three pages. Thank you.

FENCER INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

Please list any relevant medical conditions: _____

EMERGENCY CONTACT NAME _____ CONTACT NUMBER _____

If fencer is under 18 years of age, please fill in the following parent/guardian information:

PARENT/GUARDIAN NAMES 1) _____ 2) _____ If different from fencer, please fill in

PARENT/GUARDIAN ADDRESS, EMAIL AND PHONE DETAILS BELOW:

ADDRESS 1) _____ ADDRESS 2) _____

EMAIL 1) _____ EMAIL 2) _____

WORK PHONE 1) _____ WORK PHONE 2) _____

CELL PHONE 1) _____ CELL PHONE 2) _____

FENCING INTEREST & EXPERIENCE

Please explain why you are interested in fencing: _____

What weapon (2) are you interested in? Foil Epee Sabre Don't Know

What level fencer are you? Beginner Intermediate Advanced Don't Know

Do you have any previous fencing experience? Yes _____ or N _____ Please explain when, where, under whom and o

How long you have fenced: _____

Are you currently affiliated with or do you belong to any other fencing organizations?

Please list: _____

How did you hear about the Louisville Fencing Center? YMCA School Friend Internet Newspaper Other, please specify _____

TURN OVER TO READ AND COMPLETE OTHER SIDE



The Louisville Fencing Center
Satellite 'Beginners and Intermediates' Fencing Program
Emergency Medical Treatment / Legal Release Authorization Form

Name _____ D.O.B. _____ Age _____

Address _____ City _____ State _____ Zip _____

SSN _____ Home phone () _____

In case of emergency notify:

#1) Name _____ Relationship _____

Address _____

Home Phone () _____ Alternate () _____

#2) Name _____ Relationship _____

Address _____

Home Phone () _____ Alternate () _____

Health History:

Have you ever had: (answer "yes" or "no")

Hypoglycemia _____ Asthma _____ Fainting Spells _____

Headaches _____ Hay fever _____ Seizures _____

Heart Trouble _____ Diabetes _____ Lung problems _____

High Blood Pressure _____ Allergic to bee/wasp stings _____ Other _____

Do you have any allergies or reactions to medication? _____ If so, list them. _____

Explain any illness or limitation of activity _____

Do you wear glasses? _____ Contact Lenses? _____

Date of last tetanus shot _____

Parent's Authorization: (Required for those less than 18 years of age)

This health history is correct as far as I know. I hereby give my consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of any physician the adult leader may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. I further understand that I am responsible for all cost involved in said treatments and transportation of my minor child if required. I further understand The Louisville Fencing Center owner, coacher, assistant coaches or its agents shall not be held Liable for any sickness or injury of the child while attending classes.

Parent or Guardian _____ Date _____



The Louisville Fencing Center
Satellite ‘Beginners and Intermediates’ Fencing Program

Legal Release

The undersigned, or his or her legal parent or guardian, voluntarily and willingly elects to participate in fencing and related sports activities (“fencing”) and acknowledges that there is always an inherent physical risk associated with those activities. **The undersigned**, or his or her legal parent or guardian, represents that he/she is in good physical condition, and has no physical or mental health problem that will adversely affect the undersigned’s participation in fencing or the undersigned’s health if he or she fences, and specifically represents that the undersigned does not suffer from any cardiovascular, neurological or any other illness or problem that will adversely affect the undersigned’s participation in fencing or the undersigned’s health if he or she fences. **The undersigned**, or his or her legal parent or guardian, voluntarily assumes all risks of property and bodily loss, damage or injury, including death, that may be sustained by the undersigned while fencing and any related activity. **Further, the undersigned**, in consideration of being permitted to participate in these activities, releases the Louisville Fencing Center, Inc., the United States Fencing Association, the owners of any facility in which such activity may be carried on, and the respective officers, directors, trustees, agents, servants, volunteers and employees from any and all claims and counter or cross claims of any kind or nature, including without limitation, claims of negligence, arising out of or in any way connected with the participation of he undersigned in fencing or any related activity. This release shall be binding upon the heirs, assigns, successors, executors and administrators of the undersigned. The undersigned certifies and agrees that he or she has read and understands this release and signs this release voluntarily. The undersigned agrees to be bound by the Louisville Fencing Center equipment, facility and safety rules.

Initials _____

Participation Contract Form

I _____ fully understand that I am responsible for being at practice on time and ready to participate. If I receive equipment, it will be my responsibility to return the equipment upon leaving the program and if said equipment is damaged, lost or stolen than it is my responsibility to pay the value of each item. I further understand that my participation for the 8 to 14 weeks requires that I make an open commitment to follow the instructor’s directions. If at anytime I feel that the program is too much for me to handle, I will not just quit. I will schedule a conference with the coach and my parent or guardian to discuss my intentions. I further understand that the sport of Fencing is a very old and honorable sport and that I must conduct myself in such a manner that exemplifies that tradition. In order for me to fully understand this obligation I must read it to my parent or guardian and let them sign as a witness to my intentions.

Name of Student: _____ date _____

Parent/Guardian
witness: _____ date _____