SWORDS
FENCING STUDIO

132 S. Glenoaks Blvd.
Burbank, CA 91502
Work: (818) 840-8690

STUDENT APPLICATION FOR ENROLLMENT

NAME OF STUDENT _____

DATE OF BIRTH _____ SEX _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK/CELL _____

EMAIL (for notifications, updates, and tournament info) _____

WHAT LEVEL OF FENCING ARE YOU AT?

NEVER FENCED ☐ BEGINNER ☐ INTERMEDIATE ☐ ADVANCED ☐

DO YOU HAVE ANY PHYSICAL CONDITIONS WHICH MAY EFFECT YOU WHEN ENGAGED IN A STRENOUS PHYSICAL WORKOUT? ☐ YES NO ☐

IF YOU CHECKED YES, PLEASE SUMMARIZE _____

_____

_____

WHERE DID YOU HEAR ABOUT SWORDS? _____

SIGNATURE _____

DATE _____

(Please sign the waiver below!)

WAIVER

SWORDS STUDENTS MUST UNDERSTAND THAT SOME OR ALL OF THE ACTIVITIES OF THE SCHOOL INVOLVE CERTAIN RISKS, SWORDS DOES NOT ASSUME ANY RESPONSIBILITY FOR INJURY, DAMAGE, OR DEATH TO ANY STUDENTS OR GUESTS OF STUDENTS, THEIR PROPERTY, OR FOR THE TIME OR EXPENSE INCURRED, AND THEREFORE, WE REQUIRE YOU TO SIGN THIS AGREEMENT.

IN CONSIDERATION OF MY PARTICIPATION AS A STUDENT OF SWORDS AND ALL OF ITS EVENTS, I (print name) _____ INTENDING TO BE LEGALLY BOUND FOR MYSELF, EXECUTOR, AND ADMINISTRATORS, DO HEREBY FULLY AND FINALLY WAIVE, RELEASE AND HOLD HARMLESS SWORDS AND ANY AND ALL OF ITS INSTRUCTORS, REPRESENTATIVES, AGENTS AND ASSIGNEES FROM ANY AND ALL RESPONSIBILITY, LIABILITY, CLAIMS, CAUSES OF ACTION, INJURIES, JUDGEMENTS OF ANY PERSONAL INJURIES I MIGHT SUFFER DIRECTLY OR INDIRECTLY, RESULTING FROM MY PARTICIPATION IN, OR TRAVEL TO AND FROM THE AFORESAID ACTIVITY. I ACKNOWLEDGE THAT I AM ENGAGING IN AFORESAID ACTIVITY, AND KNOWINGLY EXECUTING THIS RELEASE AT MY REQUEST, AND THAT I VOLUNTARILY DO SO WITHOUT ANY COERCION WHATSOEVER.

SIGNATURE _____ DATE _____

Parent's signature below if student is under 18 years of age

SIGNATURE _____ DATE _____

Unless cash or check is received by the 1st of the month, all group membership fees are automatically charged at the beginning of each month. If a student would like to withdraw or change the frequency of group classes he/she must notify in writing via email before the 15th of the current month for the change to take effect for the following month's group membership fee. There are no refunds and we do not prorate monthly group membership fees. If your membership payment is not received by the end of the first week of each month, the card on file will automatically be charged. (Please note a 3.5% fee will be added to all credit card transactions). _____ INITIALS

NUMBER OF GROUP CLASSES PER WEEK:

- ☐ Open floor - no group classes $150
- ☐ Bronze - 1 class per week $290
- ☐ Silver - 2 classes per week $430
- ☐ Silver Elite - 2 classes per week $550 (Tues/Thurs Competitive Class)
- ☐ Gold - 3 classes per week $530
- ☐ Diamond - 4 classes per week $600

WOULD YOU LIKE SWORDS TO AUTOMATICALLY CHARGE YOUR CARD ON FILE FOR MONTHLY MEMBERSHIP FEES?

- ☐ Yes
- ☐ No

WOULD YOU LIKE SWORDS TO AUTOMATICALLY CHARGE YOUR CARD ON FILE FOR TOURNAMENT COACHING FEES?

- ☐ Yes
- ☐ No

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CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until canceled.

Fencer's Name: _____

Credit Card Information

Card Type (Circle one): MasterCard Visa Discover American Express

Other: _____

Cardholder Name as Shown on Card: _____

Card Number: _____

Security Number (usually found on back of card): _____

Expiration Date (MM/YY): _____

Cardholder Zip Code from credit card billing address: _____

I, _____ authorize Swords Fencing Studio to charge my credit card above for agreed upon purchases. I understand that my information will be saved to a file for future transit actions on my account.

_____ _____

Customer Signature Date