LEGACY FENCING CLUB

MEMBER REGISTRATION FORM

PLEASE COMPLETE ALL SECTIONS OF THIS REGISTRATION FORM ACCURATELY PRIOR TO BEGINNING TRAINING SESSIONS OR PARTICIPATING IN CLUB ACTIVITIES.

First Name: _____

Last Name: _____

Parent/Guardian Name (if under 18): _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

USA Fencing Member #: _____

Date of Birth (MM/DD/YYYY): _____

Email Address: _____

Address: _____

Medical Conditions or Allergies: _____

Special Notes / Instructions: _____

[ ] I confirm that the information provided is accurate and I agree to the club's rules and code of conduct.

[ ] I would like to receive club news, event updates, and training schedules by email.

ACKNOWLEDGEMENT & SIGNATURE

BY SIGNING BELOW, I ACKNOWLEDGE THAT ALL INFORMATION PROVIDED ON THIS REGISTRATION FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Member (or Parent/Guardian if under 18):

X _____

Printed Name of Signatory:

_____

Date:

_____

Relationship (if Minor):

_____