

# Syracuse Musketeers Fencing Center

100 East Manlius St, E. Syracuse, NY 13057

Tel: 315-447-8618

www.syracusemusketeers.org      fencing@syracusemusketeers.org

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## Waiver:

I, (insert fencer's name here) \_\_\_\_\_  
recognize that the sport of fencing has inherent dangers and choose to participate in this sport  
and use this facility at my own risk and please the Syracuse Musketeers Fencing Center, its  
coaches, instructors, and sponsors from any liability. I also recognize that in the event of an  
injury that I entered the premises accepting that possibility. Neither shall I hold other fencers  
liable for the routine risks of fencing.

Signature of Fencer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent and Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Under 18)

## Use of Images:

I authorize Syracuse Musketeers Fencing Center to use images of me or my child, without  
identification, for SMFC publicity, promotional, and advertising purposes, and release any and  
all claims and/or rights my child might have as a result.

Signature of fencer \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent and Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT INFORMATION:

1. No REFUNDS of class fees will be given after the second scheduled class.
2. Introductory Class Fee Covers 6 classes not attended within one month will be lost and a refund or cash credit will not be issued.
3. All fencer should consult with a physician before starting a new exercise regime.
4. Please describe any health conditions or social concerns that may affect or limit the fencer's ability to participate fully in class. This information is confidential and will only be used to ensure a safe and fulfilling experience for the fencer.

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# 2021-2022 Class Registration Form

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### **Student Information:**

Fencers Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-Mail:(Please Print Clearly) \_\_\_\_\_  
Parent of Guardian Name(s) \_\_\_\_\_

### **Emergency Contact Information:**

Emergency Contact Name(s) \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
Alternate Phone # \_\_\_\_\_

### **Registration Information:**

Class: ADULT CHILD Membership: Intro \_\_\_\_\_ Month(s) 1yr \_\_\_\_\_  
Fee: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Date \_\_\_\_\_

How did o hear about us? \_\_\_\_\_

Please Complete Liability Waiver on Back!!!