Integrity C

INTEGRITY FENCING STUDIO

200 MAIN STREET CHATHAM, NJ 07928 7

713 732 0766

INTEGRITYFENCING.COM

2025 SUMMER PROGRAM REGISTRATION FORM

PIRST NAME LAST NAME ADDRESS	PLEASE PRINT CLEARLY				
CITY STATE / ZP PHONE (HOME) PHONE (WORK / CELL) FATHER'S NAME MOTHER'S NAME ENAL DOB ENAL DOB ENAL DOB PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) VIO, Y12, Y14, Cadets Y10, Y12, Y14 Y10, Y12, Y14, Cadets Y10, Y12, Y14 Y10, Y12, Y14, Cadets Y10, Y12, Y14 August 18 Session 3: Junderstand and appreciate that participation in any sport carries a risk of serious injury. I knowingly accept and assume this risk and release Integrity Fencing Studio, its sponsors, instructors and officers of any liability. Signature	FIRST NAME		LAST NAME		
PHONE (IVORE / CELL) ATHER'S NAME EMAL DOB EMAL DOB EMARCENCY CONTACT / PHONE INSURANCE POLICY # ************************************	ADDRESS				
PHONE (IIOME) PHONE (WORK / CELL) EXTIRE'S NAME MOTHER'S NAME EMAIL DOB EMARGENCY CONTACT / PHONE INSURANCE POLICY # PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PIEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PIENDEW Y10, Y12, Y14 Y10, Y12, Y14, Cadets, Juniors Pre-Season Camp ALVER OF LLABELLTY Y10, Y12, Y14 Y10, Y12, Y14, Cadets, Juniors Pre-Season Camp ALVER OF LLABELLTY Indeerstand that dual appreciate that participation in any sport carries a risk of serious injury. I knowingly accept and assume this risk and release Integrity Fencing Studio, its sponsors, instructors and/or assignation related					
FATHER'S NAME MOTHER'S NAME EMAL DOB EMERGENCY CONTACT/PHONE INSURANCE POLICY # FILEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) Image: Session 1: Session 2: July 28-August 1 August 4-August 8 August 11- August 15 August 18- August 22 Y10, Y12, Y14, Cadets Y10, Y12, Y14 Y10, Y12, Y14, Cadets Y10, Y12, Y14 August 19 Feecing Studio, its sponsors, instructors and officers of any liability. Signature					
EMAL DOB EMERGENCY CONTACT / PHONE INSURANCE POLICY # PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF CALLERGIES, DISABILITIES, ETC.) Image: Content of the conten of the content of the content of the content	PHONE (HOME)		PHONE (WORK / CELL)		
ENERGENCY CONTACT / PHONE INSURANCE POLICY # PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) Session 1: Session 2: August 1. July 28-August 1 Session 2: August 11- August 15 August 18- August 22 Y10, Y12, Y14, Cadets Y10, Y12, Y14 Y10, Y12, Y14 Juniors Pre-Season Camp AVER OF LLABILITY Muleerstand and appreciate that participation in any sport carries a risk of serious injury. I knowingly accept and assume this risk and release Integrity Fencing Studio, its sponsors, instructors and officers of any liability. Signature Date A parent or guardian must sign for students under the age of 18. Date	FATHER'S NAME		MOTHER'S NAME		
PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.) PLEASE, DISABILITY July 28-August 1 August 14-August 8 July 28-August 1 August 14-August 8 August 11 August 12, Y14 Y10, Y12, Y14, Cadets Y10, Y12, Y14 Juniors Pre-Season Camp AIVER OF LIABILITY Inderstand and appreciate that participation in any sport carries a risk of serious injury. I knowingly accept and assume this risk and release Integrity Fencing Studio, its sponsors, instructors and officers of any liability. Signature Date A parent or guardian must sign for students under the age of 18. DOC-PHOTO AND PUBLICITY RELEASE	EMAIL		DOB		
Session 1: Session 2: Session 3: August 1- August 15 August 18- August 22 Y10, Y12, Y14, Cadets Y10, Y12, Y14 Y10, Y12, Y14 Cadets, Juniors Pre-Season Camp AVER OF LIABILITY Inderstand and appreciate that participation in any sport carries a risk of serious injury. I knowingly accept and assume this risk and release Integrity Fencing Studio, its sponsors, instructors and officers of any liability. Date Signature Date	EMERGENCY CONTACT / PHONE		INSURANCE POLICY #		
July 28-August 1 August 4-August 8 August 11- August 15 August 18- August 22 Y10, Y12, Y14, Cadets Y10, Y12, Y14	PLEASE, LIST ANY MEDICAL CON	DITIONS THAT WE SHOULD BE AWARE O	F (ALLERGIES, DISABILITIES,	ETC.)	
July 28-August 1 August 4-August 8 August 11- August 15 August 18- August 22 Y10, Y12, Y14, Cadets Y10, Y12, Y14					
July 28-August 1 August 4-August 8 August 11- August 15 August 18- August 22 Y10, Y12, Y14, Cadets Y10, Y12, Y14					
July 28-August 1 August 4-August 8 August 11- August 15 August 18- August 22 Y10, Y12, Y14, Cadets Y10, Y12, Y14					
July 28-August 1 August 4-August 8 August 11- August 15 August 18- August 22 Y10, Y12, Y14, Cadets Y10, Y12, Y14				_	1
Y10, Y12, Y14, Cadets Y10, Y12, Y14 Y10, Y12, Y14 Y10, Y12, Y14, Cadets, Juniors Pre-Season Camp NUER OF LLABILITY I understand and appreciate that participation in any sport carries a risk of serious injury. I knowingly accept and assume this risk and release Integrity Fencing Studio, its sponsors, instructors and officers of any liability. Date				st 15 Au	
Y10, Y12, Y14, Cadets Y10, Y12, Y14 Y10, Y12, Y14 Juniors Pre-Season Camp IVER OF LIABILITY Iunderstand and appreciate that participation in any sport carries a risk of serious injury. I knowingly accept and assume this risk and release Integrity Fencing Studio, its sponsors, instructors and officers of any liability. Date					
IVER OF LIABILITY I understand and appreciate that participation in any sport carries a risk of serious injury. I knowingly accept and assume this risk and release Integrity Fencing Studio, its sponsors, instructors and officers of any liability. Signature	Y10, Y12, Y14, Cadets	Y10, Y12, Y14	Y10, Y12, Y14		
A parent or guardian must sign for students under the age of 18.	I understand and appr			knowingly accept a	and assume this risk and
A parent or guardian must sign for students under the age of 18.	Signature			Date	
I give my consent to the staff and coaches of Integrity Fencing Studio to obtain medical care from any licensed physician, hospital or clin for any injury or illness that may arise during activities associated with Integrity Fencing Studio. Signature Date <i>A parent or guardian must sign for students under the age of 18.</i> DEO-PHOTO AND PUBLICITY RELEASE I understand that during practice, tournaments, programs and/or activity, the photograph of my child may be taken by Integrity Fenci Studio, its sponsors, instructors and/or assigns. I agree that the photograph of my child, including video photography, film photography, other reproduction of the likeness of my child, may be used without charge by Integrity Fencing Studio, its sponsors, instructors and/or assigns for use in newsletters, videotapes, and on the company's website. WYES NO	A parent or guardian mu	st sign for students under the age of 18.		Duto	
I give my consent to the staff and coaches of Integrity Fencing Studio to obtain medical care from any licensed physician, hospital or clin for any injury or illness that may arise during activities associated with Integrity Fencing Studio. Signature Date <i>A parent or guardian must sign for students under the age of 18.</i> DEO-PHOTO AND PUBLICITY RELEASE I understand that during practice, tournaments, programs and/or activity, the photograph of my child may be taken by Integrity Fenci Studio, its sponsors, instructors and/or assigns. I agree that the photograph of my child, including video photography, film photography, other reproduction of the likeness of my child, may be used without charge by Integrity Fencing Studio, its sponsors, instructors and/or assigns for use in newsletters, videotapes, and on the company's website. WYES NO	NCENT FOR MEDICAL TR	EATMENT			
Signature	I give my consent to the s	staff and coaches of Integrity Fencing S			nysician, hospital or clin
A parent or guardian must sign for students under the age of 18. DEO-PHOTO AND PUBLICITY RELEASE I understand that during practice, tournaments, programs and/or activity, the photograph of my child may be taken by Integrity Fenci Studio, its sponsors, instructors and/or assigns. I agree that the photograph of my child, including video photography, film photography, other reproduction of the likeness of my child, may be used without charge by Integrity Fencing Studio, its sponsors, instructors and/or assigns for use in newsletters, videotapes, and on the company's website. WES NO	for any injury or illness the	hat may arise during activities associate	d with Integrity Fencing Stud	lio.	
DEO-PHOTO AND PUBLICITY RELEASE I understand that during practice, tournaments, programs and/or activity, the photograph of my child may be taken by Integrity Fenci Studio, its sponsors, instructors and/or assigns. I agree that the photograph of my child, including video photography, film photography, other reproduction of the likeness of my child, may be used without charge by Integrity Fencing Studio, its sponsors, instructors and/or assigns for use in newsletters, videotapes, and on the company's website.	Signature			Date	
I understand that during practice, tournaments, programs and/or activity, the photograph of my child may be taken by Integrity Fenci Studio, its sponsors, instructors and/or assigns. I agree that the photograph of my child, including video photography, film photography, other reproduction of the likeness of my child, may be used without charge by Integrity Fencing Studio, its sponsors, instructors and/or assigns for use in newsletters, videotapes, and on the company's website.	A parent or guardian mu	st sign for students under the age of 18.			
Studio, its sponsors, instructors and/or assigns. I agree that the photograph of my child, including video photography, film photography, other reproduction of the likeness of my child, may be used without charge by Integrity Fencing Studio, its sponsors, instructors and/or assigns for use in newsletters, videotapes, and on the company's website.					
other reproduction of the likeness of my child, may be used without charge by Integrity Fencing Studio, its sponsors, instructors and/or assigns for use in newsletters, videotapes, and on the company's website.					
YES NO			out charge by Integrity Fenci		
	other reproduction of the		4 .		
Signature Date	other reproduction of the				
	other reproduction of the			NO	