



INTEGRITY FENCING STUDIO

200 MAIN STREET CHATHAM, NJ 07928

713 732 0766

INTEGRITYFENCING.COM

SUMMER PROGRAM 2024 REGISTRATION FORM

PLEASE PRINT CLEARLY

FIRST NAME		LAST NAME	
ADDRESS			
CITY		STATE / ZIP	
PHONE (HOME)		PHONE (WORK / CELL)	
FATHER'S NAME		MOTHER'S NAME	
EMAIL		DOB	
EMERGENCY CONTACT / PHONE		INSURANCE POLICY #	
PLEASE, LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (ALLERGIES, DISABILITIES, ETC.)			

Session 1:
August 5 - August 9
Y 10, Y12, Y14

Session 2:
August 12 - August 16
Y12, Y14, Cadets

WAIVER 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 _____

Date _____

A parent or guardian must sign for students under the age of 18.

CONCENT FOR MEDICAL TREATMENT

I give my consent to the staff and coaches of Integrity Fencing Studio to obtain medical care from any licensed physician, hospital or clinic for any injury or illness that may arise during activities associated with Integrity Fencing Studio.

Signature _____

Date _____

A parent or guardian must sign for students under the age of 18.

VIDEO-PHOTO AND PUBLICITY RELEASE

I understand that during practice, tournaments, programs and/or activity, the photograph of my child may be taken by Integrity Fencing Studio, its sponsors, instructors and/or assigns. I agree that the photograph of my child, including video photography, film photography, or 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

Signature _____

Date _____

A parent or guardian must sign for students under the age of 18.

