



# CLASS / EVENT / VISITOR REGISTRATION FORM

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## For Students UNDER 18 Years old

STUDENT FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ HOW DID YOU HEAR ABOUT VAF? \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
PLACE OF EMPLOYMENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
PHONE (CELL) \_\_\_\_\_ PHONE (WORK) \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
PLACE OF EMPLOYMENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
PHONE (CELL) \_\_\_\_\_ PHONE (WORK) \_\_\_\_\_  
STUDENT? YES \_\_\_\_\_ NO \_\_\_\_\_ NAME OF SCHOOL \_\_\_\_\_  
EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY TELEPHONE \_\_\_\_\_  
MEDICAL CONDITION: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE DESCRIBE \_\_\_\_\_

## For Students 18+

STUDENT FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ HOW DID YOU HEAR ABOUT VAF? \_\_\_\_\_  
TELEPHONE (CELL) \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
PLACE OF EMPLOYMENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY TELEPHONE \_\_\_\_\_  
MEDICAL CONDITION: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE DESCRIBE \_\_\_\_\_

## Training Program

**Program Type:** Olympic Sport \_\_\_\_\_ Historical Swordsmanship \_\_\_\_\_  
**Training Level:** Introductory \_\_\_\_\_ Preparatory \_\_\_\_\_ Intermediate \_\_\_\_\_ Birthday Party/Event \_\_\_\_\_  
**Training Type:** Class \_\_\_\_\_ Camp: ½ Day \_\_\_\_\_ Full day \_\_\_\_\_ Private \_\_\_\_\_  
**Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Additional Information for Students with Previous Fencing Experience

RATING \_\_\_\_\_ COACHES \_\_\_\_\_ WEAPON \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_  
WHERE HAVE YOU FENCED BEFORE? \_\_\_\_\_  
ADDITIONAL INFORMATION \_\_\_\_\_ OWN EQUIPMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE SEE OTHER SIDE →

## Safety Rules

1. The fencing floor is a restricted area; only fencers may be on it. Non-participants (and parents) must stay in the designated observation/seating area.
2. No equipment, bags or personal items are permitted on the fencing floor area.
3. Swords must be carried point down or in a fencing bag.
4. Minors may not hold swords unless they are wearing masks.
5. Warm up stretches are required before a lesson or practice.
6. No running is permitted without the coach's permission and never with a sword.
7. A mask, glove (pair of gloves for Historical Swordsmanship classes), fencing jacket, fencing pants, athletic pants (sweatpants, warm-ups, or leggings), and clean and dry athletic shoes with non-marking soles must be worn while fencing. **No jeans, shorts, or casual pants are allowed.**
8. No type of movement with the sword is allowed if any person within 6 feet of the action is unmasked, except in a private lesson under the strict direction of a VAF coach.
9. When fencing, especially in a group, a student **may not under any circumstances** remove a mask while another fencer's sword point is raised or when other fencers are making any type of movement with their swords.
10. Walking or standing close to fencers in a bout or while practicing, when sword points are raised or swords are in motion is prohibited.
11. Fencers should all fence in the same direction, never "against the grain."
12. Fencing outside of group classes or private lessons must be confined to designated areas.
13. Unsportsmanlike behavior, horseplay (falling down), or improper rough or strong movements, whether intentional or not, are prohibited and will result in expulsion.
14. Each fencer has a duty to report any unsafe area or unsafe activity to the staff.
15. Any illness, injury or the taking of medication must be reported to the instructor before a lesson or practice.
16. No drugs and no alcohol are allowed.
17. No participation in any fencing activity within the time limits for medicine to leave the system, and in no case within 6 hours of using alcohol or any other prescription or nonprescription drug that comes with a warning label that actions may be slowed or impaired.

## LEGAL NOTICES: Please read before you sign.

1. You represent that you are in good physical condition, have no physical or mental health problems that will preclude your participation in fencing activities. Specifically, you represent that you have no underlying cardiovascular, neurological, physical or any other illness that will prevent or inhibit your participation in fencing classes in the same manner as a participant without such conditions.
2. VAF represents that its personnel are trained in providing fencing programs and instruction. VAF represents that its personnel have no expertise in diagnosing, examining or treating medical conditions of any kind or in determining the effect of any specified exercise on said medical condition. You fully understand and agree that in participating in any fencing program, there is the possibility of accident, injury, disability or death. You agree to assume these risks and release and discharge the owners, operators, the United States Fencing Association and sponsors of the premises, activities, etc. and their respective servants, agents, officers and all other participants in the stated activities of and from all claims, demands, actions, and causes of action of any sort, for injuries sustained to the member's person and/or property during the member's presence on the premises and the member's participation in the stated activities.
3. You give consent to VAF and its representatives to obtain medical care at your expense from any licensed physician, hospital or clinic for you and/or the above mentioned student for any injury or illness that may arise during activities associated with VAF.
4. VAF generally follows Fairfax County Public Schools' policy for weather related closings. Occasionally, due to the evening and weekend operation hours, weather conditions do not warrant an automatic closing. Please call (703) 321-4922 after 8:00 am for a confirmation message.
5. You agree to be bound by VAF equipment, facility and safety rules.

**Policy: All fees are deemed earned at the commencement of the first class session.**

**No make-ups for missed group classes. Refund/Returned Check processing fee = \$30. Camp late pick up fee is \$30 per 15 minutes.**

## For Students UNDER 18 Years old

Date \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_  
(Please specify Mother/ Father/ Legal Guardian)

## For Students 18+

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

## Credit Card Authorization (if card is not present)

I authorize \$\_\_\_\_\_ to be charged to credit card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV# \_\_\_\_\_ Billing Zip \_\_\_\_\_

Signature (for credit card): \_\_\_\_\_