

Payment: Checks: Please make checks payable to VAF.

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

## **CLASS/EVENT REGISTRATION FORM**

5401-B Port Royal Road Springfield, VA 22151 Phone: (703) 321-4922 Fax: (703) 321-3585 Web: www. VAFinc.com

E-Mail: FENCE@VAFinc.com

\_Exp.\_\_\_\_

rending School						<b>G</b>	
STUDENT FIRST NAME			L	LAST NAME			
ADDRESS							
CITY			STATE_		ZIP CODE		
TELEPHONE (Home)			DAYTIMI				
DATE OF BIRTH AGE			LEARNE	LEARNED OF VAF BY			
E-MAIL		EME	RGENCY CONTAC	NAME			
MEDICAL COND	DITIONS (if any)						
Class Level:	Beginning I _	Beginning 2	Private Beg 1/ Be	g 2B	Birthday Party/Event	Beg Camp INT Cam	
Class Type:	Olympic Sport	Fencing: Foil, Sabre	, EpeeHistori	al Swordsı	manship: Rapier, Tw	vo-Handed Sword	
Day:		Time:	Date:			_ Full Day (Camp Only):	
Safety Rules							
6. No running is p 7. A mask, glove dry athletic she 8. No type of more coach. 9. When fencing, are making an 10. Walking or sta 11. Fencers shoul 12. Fencing outsid 13. Unsportsmanli 14. Each fencer h 15. Any illness, inj 16. No drugs and 17. No participation or nonprescrip  LEGAL NOTICE 1. You represent that manner as a particip 2. VAF represents examining or treatin participating in any operators, the Unite the stated activities memberca presence 3. You give consementioned student f 4. VAF generally f conditions do not w 5. You agree to be  Policy: All fees No make-ups fo	(pair of gloves for Hist oes with non-marking swement with the sword programment with the sword of the swement with the sword of the swement with the swement with the same de of group classes or paike behavior, horseplay as a duty to report any jury or the taking of meno alcohol are allowed on in any fencing activity the swement with the swemen	paches permission and norical Swordsmanship of closes must be worn while is allowed if any person a student may not under the their swords. In a bout or while practic direction, never against rivate lessons must be of (falling down), or impropunsafe area or unsafe and dication must be reported within the time limits for the awarning label that a fore you sign.  Sical condition, have no goardiovascular, neuro tions.  The trained in providing fearing and the possibility of accidition and sponsors of the member participation and the member partici	asses), fencing jacket, fer fencing. No jeans, sho within 6 feet of the action of any circumstances resing, when sword points at the grain. + confined to designated any per rough or strong move civity to the staff. d to the instructor before or medicine to leave the sactions may be slowed or physical or mental health logical or any other illnessencing programs and insing the effect of any speedent, injury, disability or of the premises, activities, d causes of action of any on in the stated activities. In edical care at your expetivities associated with V for weather related closis 21-4922 after 8:00 am for les.	ts, or casua is unmasked is unmasked move a mask re raised or seas. The raised or seas	I pants are allowed. It, except in a private less while another fenceros swords are in motion is posential process. In a will preclude your particular your particular will preclude your particular your particul	nts, warm-ups, or leggings), and clean and son under the strict direction of a VAF sword point is raised or when other fencer prohibited.  The prohibited and will result in expulsion.  The prohibited and wi	
•			•				
Parent/Guardia	n's Signature			Printed	d Name		
Date		Relationship to Student(Please specify Mother/ Father/ Legal Guardian)					

Credit Card: I authorize \$\_\_\_\_\_ to be charged to credit card #\_\_\_\_\_ if card is not present.