

**FENCER INFORMATION – ADDITIONAL US FENCING ASSOCIATION MEMBERSHIP REQUIRED**

Name: _____		Month/Year of Birth: _____/_____	
Address: _____		Home Phone: _____	
City/State/Zip Code: _____		Cell Phone: _____	
E-mail Address: _____		Alt. Phone: _____	
Emergency Contact: _____		Relationship: _____	
Emergency Phone: _____		USFA Member #: _____	
How did you hear about Fencing Institute of Texas?		<input type="checkbox"/> Internet	<input type="checkbox"/> Friend
<input type="checkbox"/> News Article in: _____	<input type="checkbox"/> School	<input type="checkbox"/> Advertisement in: _____	
<input type="checkbox"/> Invited by FIT Fencer/Coach: _____		<input type="checkbox"/> Other _____	
<b>Current Members:</b>	Coach: _____	Weapon: _____	

**FENCING PROGRAMS**

For multiple family members, the first person pays full fees and the second family member receives a 15% discount.

- Musketeer** (ages 6-9 years, Saturday 9-10 am) **\$175.00/month**
- Bronze** (beginner 10-15 years, Saturday 10-11:30am) **\$210.00/month**
- Silver** (beginner to advanced, up to three days per week; private lessons recommended) **\$250.00/month**
- Gold** (competitive team level, up to 6 days per week, requires additional lesson purchase) **\$360.00/month**
  - Level I (intermediate) additional private lesson purchase is recommended**
  - Level II (Elite Team) additional private lesson purchase is required**
- Veteran** (40 and older, fencing only) **\$170.00/month**
- Adult Fitness** (16 and older, Saturday 9-10am, Tuesday 6-7pm, or Wednesday 7-8pm) **\$215.00/month**
- Victorian** (13 and older; Wednesday 8-9pm) **Free to FIT fencers enrolled in another program** **\$ 65.00/month**
- Wheelchair** **\$ 50.00/month**
- Paralympian** (requires additional private lesson purchase) **\$180.00/month**

**PRIVATE LESSONS (20 minutes with coach)**

- 1 Lesson** **\$ 40.00/each**
  - Schedule through Setmore.com; payment is required at time they are scheduled**
  - There is a 24 hour cancellation policy**

**TRAINING CLASSES**

- Endurance Class** (Coach Volodymyr, Tue/Thurs 5-6 pm) **\$ 55.00/month**
- Strength/Conditioning** (Coach Rhonda, Monday 5-6 pm) **\$ 55.00/month**
- Sabre Class** (Coach Mike, Monday 5-6 pm) **\$ 55.00/month**

- I understand that all fees are due by the 1<sup>st</sup> of the month, and I am obligated to pay for the entire month unless I cancel my enrollment by written notification to the FIT Business Office at least **THIRTY (30) DAYS IN ADVANCE**.
- Program fees are prorated for the first month only; fees thereafter are on a monthly basis and not prorated; no refunds for advance payments; no makeup classes.
- I understand that training for even one day in a month requires full payment of fees. I am required to notify FIT office staff in writing 30 days prior to cancellation of any program or I am required to pay the entire monthly program fee.
- Students in off-campus PE are required to attend practice if they are able to go to school, even when injured.
- I understand that tournament coaching fees are in addition to these fees and are payable by me to FIT in accordance with the current FIT coaching policies. I understand that coaching fees are due **at the regular registration deadline for that tournament. Coaching fees paid after that will incur a \$100 late fee.**

I agree to abide by Fencing Institute of Texas' payment policies as set forth from time to time. I understand these fees are subject to change either directly by my choice or indirectly through my actions. I also understand there will be a **\$30 late fee** if I do not pay fees by the **1<sup>st</sup> of the month** in which they are due. I understand all fees are due in advance and there are no refunds for unused fees. Returned check or credit card payment fee is **\$35**. Participation in FIT Programs is a privilege and I understand that the Board of Directors may, by a majority vote, terminate my participation with a refund of any unused portion of my fees with or without cause at any time.

- I am 18 years or older and understand and agree to all obligations; or
- I am the parent or guardian of this minor fencer and I understand and accept all obligations on behalf of this child.
- I understand that I am obligated to maintain a USA Fencing membership for this fencer; renewal required each August 1 with USA Fencing. Parents should get a Supporting Membership if your child is competing.

Signature: \_\_\_\_\_ Date/Updated: \_\_\_\_\_

**TRAINING AUTHORIZATION, WAIVER OF LIABILITY, AND RELEASE**

Student Fencer's Name (please print): \_\_\_\_\_ Month/Year of Birth: \_\_\_\_\_ / \_\_\_\_\_

**Check One:** I am an adult student athlete, 18 years or older, and agree to --- I am the Parent of the named minor (under 18 years of age) and agree to direct my child to --**Cooperate and to conform with directions and instruction of the Fencing Institute of Texas (FIT), activity co-sponsors, and/or their representatives in charge of the activity, with the rules and regulations of the facilities, FIT and USFA Codes of Conduct, and all directions given by FIT personnel, activity co-sponsors, and/or their representatives.**

All persons participating in these activities are deemed to have waived all claims against Fencing Institute of Texas, Inc., Irving, Texas, and its employees, and any co-sponsoring organization(s) for injury, accident, illness or death occurring during or by reason of participation in FIT activities.

**WAIVER OF LIABILITY:** I understand that participation in any sporting activity carries a certain degree of risk for injury and exposure to communicable diseases such as flu, coronavirus and other airborne illnesses. Upon entering this activity, I agree to abide by the current rules and safety regulations of the Fencing Institute of Texas. Failure to follow these rules and regulations will result in expulsion and no refund of fees will be made. Expulsion is at the sole discretion of Fencing Institute of Texas' Board of Directors and the decision may not be appealed. I enter this activity voluntarily and at my own risk, and release the Fencing Institute of Texas, its Board of Directors, sponsors, and organizers from any liability, claims including attorney's fees and court costs, suits, demands, causes of action which may arise, or are alleged to arise, from the sole negligence or acts or omissions of Fencing Institute of Texas, its officers, agents, employees, or officials. I understand that reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in case of an emergency.

**RELEASE FORM:** I hereby grant and give permission to Fencing Institute of Texas to use my/my child's photograph or image with or without my or my child's name both singly and in conjunction with other persons or objects for any and all purposes including but not limited to private or public presentations, advertising, publicity or promotion relating to Fencing Institute of Texas activities, without promise, expectation, or receipt of monetary compensation. I further agree to hold Fencing Institute of Texas harmless of and from any and all liability of whatever nature which may result from such use.

*I, \_\_\_\_\_, as a parent or guardian of the above named minor, give permission for this minor to participate in the program activity. I understand the proposed activity, the mode of transportation if necessary, the leadership accompanying the group and all other circumstances relating to this activity. .*

I have read and understand the forgoing statements and agree to assume the responsibility stated and waive all claims. I certify that (I am/my child is) in good health and can participate in all normal activities of the group. I further certify that I am in sound mental health and fully capable of making this waiver of liability.

\_\_\_\_\_  
(Signature of Fencer)\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Signature of Parent/Guardian of Minor)\_\_\_\_\_  
(Date)

**CONSENT FOR MEDICAL TREATMENT**

*This form will be given to medical personnel in the event the participant requires transportation or evaluation to/at a hospital or clinic.*

This is to certify that on this date I, \_\_\_\_\_, give my consent to the Fencing Institute of Texas and its representative to obtain medical care from any licensed physician, hospital or clinic for the above named athlete for any injury or illness that may arise during this activity now or in the future. In the event of sickness or accident, I will not hold the FIT Board of Directors, FIT Staff, or group sponsor responsible. In case of sickness or accident, I authorize the calling of a medical doctor and/or providing of other necessary medical services. I agree to pay for those medical services that are deemed necessary by medical authorities.

\_\_\_\_\_  
Signature of Fencer) (Date) (Signature of Parent /Guardian of Minor) (Date)

1. Do you/Does your child have an unusual medical condition(s)/reaction(s) that would require immediate medical attention?  Yes  No

Please explain: \_\_\_\_\_

2. Emergency Procedures to follow if necessary: \_\_\_\_\_

3. List any known allergies to food or drugs: \_\_\_\_\_

4. Limiting physical conditions (e.g., asthma): \_\_\_\_\_

5. Current medications: \_\_\_\_\_

6. Other information for emergency or medical staff: \_\_\_\_\_

**FENCER INFORMATION:**

Address: Street: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

FENCER CODE OF CONDUCT

FENCER'S PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

The FIT Board of Directors pledges to provide you with a reasonably safe and healthful environment while at FIT and on team trips. We will do everything in our power to ensure you have a fun and safe fencing experience, and provide you an opportunity to fence to your full potential.

All fencers and parents of minor fencers must have a signed form on file at FIT. Please carefully read and sign both sides of the following "Code of Conduct." Your form will be kept on file at FIT for the entire fencing season (August 1st through the following July 31st). Your understanding of these rules will help us ensure a safe and healthful fencing environment.

BOARD OF DIRECTORS
FENCING INSTITUTE OF TEXAS, INC.
(revised 18 August 2009)

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- 1. I understand that competing as a member of the Fencing Institute of Texas' Competitive Team is a privilege and an opportunity for personal growth. Membership on the Competitive Team carries with it many responsibilities to my family, my teammates, my coach, and myself. I understand my behavior as a member of the Team reflects on my family and my team. I pledge to represent my family, my team and myself with honor and conduct myself with dignity and good sportsmanship.
2. I shall follow all the rules of the salle at all times. I shall treat all coaches, fencers, families and visitors to FIT with respect. I will personally welcome all visitors to FIT by introducing myself to them if I am not participating in instruction or fencing.
3. I shall follow all the rules of the United States Fencing Association. I understand there will be questionable calls during any given bout; however, I pledge to accept all rulings by Tournament Officials as the final decision. I will conduct myself with dignity at all times while on strip, in the venue, and at all team functions. I understand any Black Card given for misconduct at a fencing tournament is grounds for reprimand and removal from the FIT Competitive Team, the reprimand period of time to be determined by the Board of Directors.
4. I will follow all safety rules in the salle, during travel, at venues, and at lodging/accommodations.
5. I will set a healthful example for my teammates to follow. Minors: I understand the use of tobacco products or alcoholic beverages is grounds for removal from the FIT Competitive Team. All: I understand use of any illegal substance is grounds for removal from the FIT Competitive Team.
6. I agree that I am responsible for the logistics of my equipment and belongings to and from the venue, to and from the hotel, and to and from the airport. At no time shall a FIT Coach or Team Representative be responsible for the logistics of my/my child's equipment or belongings.
7. I pledge to treat all teammates, coaches, and chaperones with respect. I understand harassing or demeaning remarks or gestures are grounds for reprimand and possible removal from the FIT Competitive Team.
8. I understand and agree that a member or members of the FIT Board of Directors will arbitrate Team conflicts. Serious breaches of conduct will be submitted to the Board of Directors for disciplinary action. I will be offered an opportunity to address the Board of Directors directly (personally or through written statement) concerning any breach of conduct involving me/my child, whether caused by my/my child's actions or through actions of another. I also understand and agree that the Board of Directors' recommendation of disciplinary action is the final decision.

\_\_\_\_\_  
Fencer's Signature Date

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

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



## PARENT CODE OF CONDUCT

I understand that competing as a member of the Fencing Institute of Texas' Competitive Team is a privilege and an opportunity for my child(ren)'s personal growth. Membership on the Competitive Team carries with it many responsibilities. Parents, staff and students at Fencing Institute of Texas (FIT) are all required to sign their unique Code of Conduct. This document is specifically for PARENTS of FIT athletes under the age of 18.

1. I understand my behavior as a member of the Team reflects on my child, FIT Staff and my child's team. I pledge to represent myself, the FIT team and FIT Staff with honor, and conduct myself with dignity and good sportsmanship.
2. I shall follow all the rules of the salle at all times. I shall treat all coaches, fencers, families and visitors to FIT with respect. I will personally welcome all visitors to FIT by introducing myself to them.
3. I shall follow all the rules of the United States Fencing Association. I understand there will be questionable calls during any given bout; however, I pledge to accept all rulings by Tournament Officials as the final decision. I will conduct myself with dignity at all times while in the venue, and at all team functions. I understand any Black Card given for misconduct at a fencing tournament is grounds for withdrawal of my privilege to attend team practices, the reprimand period of time to be determined by the Board of Directors. I will follow all safety rules in the salle, during travel, at venues, and at lodging/accommodations.
5. I understand that I **must remain in the designated parent area and shall not enter the fencing floor or have contact with fencers or coaches at any time practice is being conducted** with the exception of medical emergencies or by express permission of the coach. A warning will be given for the first offense; for the second offense the parent and child(ren) will be asked to leave for the day; subsequent offenses will be dealt with on a case by case basis.
6. I agree that I am engaging professional coaches to train my child at FIT. I understand that each coach has a plan for my child's development and I should not interfere with that. **At no time when a FIT Coach is working with my child, either during training or competition, shall I distract my child from listening to that coach by trying to offer fencing advice.** I shall not alter or change coaching advice given by a FIT coach to my child, nor shall I try to coach or teach my child when in the FIT Salle.
7. I shall follow the structure of the FIT programs. **It will be a decision of my child's current coach and the General Manager when to move my child into a new level, program or group.**
8. **I shall not encourage FIT fencers to change coaches, weapons, or programs within FIT.** Should my child(ren) want to try another weapon, **I will discuss this with their current coach** before approaching another coach or the office staff. I shall not solicit fencers from other clubs to **join FIT**. (You may invite others to come *fence* at our club.)
9. I understand that I am responsible for the logistics of my child's equipment and belongings to and from the venue, to and from the hotel, and to and from the airport. At no time shall a FIT Coach or Team Representative be responsible for the logistics of my/my child's equipment or belongings.
10. I pledge to treat all teammates, coaches, and chaperones with respect. I understand harassing or demeaning remarks or gestures are grounds for reprimand and possible removal from the FIT Competitive Team.
11. I understand and agree that a member or members of the FIT Board of Directors will arbitrate Team conflicts. Serious breaches of conduct will be submitted to the Board of Directors for disciplinary action. I will be offered an opportunity to address the Board of Directors directly (personally or through written statement) concerning any breach of conduct involving me/my child, whether caused by my/my child's actions or through actions of another. I also understand and agree that the Board of Directors' recommendation of disciplinary action is the final decision.
12. Failure to follow the Code of Conduct, Rules of the Salle, or directions given me by the FIT Staff or Board Member may result in disciplinary action for me and my child(ren) . A warning for the first offense will be given. Removal from practice for **my child(ren) and myself** for designated periods will be imposed for subsequent offenses, length of time designated by the General Manager or Board of Directors with recommendation of Coach, with **no reduction of fees.**

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

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

## FIT COVID-19 QUESTIONNAIRE

The safety of our staff, students, partners, families and visitors remain Fencing Institute of Texas' overriding priority. As the coronavirus disease (COVID-19) outbreak continues to evolve and spread globally, FIT Board and Staff are continuing to monitor the situation closely and will periodically update our policies and guidance based on current recommendations from the Centers of Disease Control and Prevention, the World Health Organization, the Federal and State Governments, and USA Fencing National Office. Currently, only business critical visitors are permitted within the FIT facility. Updates will be posted on our website at [www.fenceintexas.org](http://www.fenceintexas.org).

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff, families and visitors, we are requiring a simple screening questionnaire ***EACH TIME A VISITOR ENTERS OUR FACILITY***. Your participation is important to help us take precautionary measures to protect you and everyone within our facility. We appreciate your cooperation.

<b>NAME(S) OF PERSON(S) ENTERING BLDG (PRINT)</b>  1) _____  2) _____	<b>PHONE NUMBERS:</b>  Home _____  Mobile _____
<b>VISITOR(S) COMPANY/ORGANIZATION</b> <input type="checkbox"/> FIT Staff or Student <input type="checkbox"/> Other (Print name(s)): _____	<b>COMPANY/ORGANIZATION ADDRESS:</b>   <b>Phone No:</b> _____
<b>PURPOSE OF VISIT:</b> <input type="checkbox"/> Fencing (including class/lesson videography) <ul style="list-style-type: none"> <li><input type="checkbox"/> Coach/Staff Member</li> <li><input type="checkbox"/> Student</li> <li><input type="checkbox"/> Parent/Legal Guardian/Other adult</li> </ul> <input type="checkbox"/> Business office (billing, bookkeeping, etc.) <input type="checkbox"/> Repairs/Maintenance (list below the parts of facility accessed) <input type="checkbox"/> Other (please describe in detail, including parts of facility accessed)	

### SELF-DECLARATION BY VISITOR

1. Have you or anyone close to you been outside of the country within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or anyone close to you been to a high-risk state or city within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had close contact or cared for someone diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or anyone close to you had a fever, experienced any cold or flu-like symptoms (to include cough, fever, sore throat, respiratory illness, difficulty breathing), or been diagnosed with similar illness within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I understand I may not enter the facility more than 15 minutes prior to my appointment and must leave immediately after. <input type="checkbox"/> I understand that I must clean any hard-surfaced equipment or tools I use, before and after using, with disinfectant towels, or soap and water. <input type="checkbox"/> I understand that any common areas I use must be wiped with disinfectant or soapy water before I leave (table, chairs, other hard surfaces). <input type="checkbox"/> I understand that all water bottles and other personal belonging must be removed by me and taken home. <input type="checkbox"/> I agree to sign in/out with date and time for each visit.	
<b><i>A yes answer to any of the above will result in the visitor being denied access to the building.</i></b>	

**Privacy Statement:** The information contained on this document will be used by FIT Board of Directors and/or Staff only and will not be shared with third parties. FIT staff may make notes on the reverse side of this document.

Signature of Visitor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Visitor: \_\_\_\_\_

Date: \_\_\_\_\_

*This form may be completed and emailed to [info@fenceintexas.org](mailto:info@fenceintexas.org) 24 hours prior to the visit.*