

Preparatory Youth Fencing Level 1 - Harpers Ferry, WV

PARENTS, PLEASE FILL OUT THIS FORM AND TURN IT IN ON YOUR CHILD'S FIRST DAY OF FENCING CLASS.

Start Date: Tuesdays: January 14, 2025
End Date: Tuesday, February 18, 2025
Time: 4:50pm - 5:30pm
Duration : 6 Weeks

Location: Harpers Ferry KOA, classes held in Cutler Hall building
Cost: \$135
Equipment Cost: \$35.00 (glove for your child to keep+ RTF) *
Instructor: Head Coach, David Copeland, 30 Years USFA Experience

Description:

This 40 minute class, held once per week, on Tuesdays, is designed to prepare your child to enter the sport of fencing with proper muscle development and speed needed to succeed in this sport, in a safe environment with age appropriate instruction.

1. Muscle conditioning of arms and legs
2. Proper fencing form and movements using foil swords.
3. Blade work drills with Coach Copeland in foil
4. Group footwork drills



Registration fee is non-refundable. (Fencing class is subject to cancellation if minimum participation requirements are not met. If class is cancelled, registration fee will be promptly refunded.)

Student Name:	Age:	Height:	Right-handed or Left-Handed?
Medical History/Problems/Medications:			
Street Address/City:	State:	Zip Code:	Phone Number: ()
Email Address:	Daytime Emergency Contact and Phone Number		

STUDENTS LIABILITY AND INDEMNIFICATION AGREEMENT:

I, _____, as a **legal guardian** of the above named participant, understand that all children enter the sport of fencing **at their own risk**. It is understood that fencing is a physical and contact sport. It is understood that bumps, bruises and other injuries are common in the sport of fencing. With this knowledge, I release Out of Nowhere Fencing LLC, Coach David C. Copeland, the sponsors, referees, coaches, volunteers, and all staff from any liability. By signing this form, I hereby agree to indemnify and hold harmless Coach David C. Copeland, Out of Nowhere Fencing LLC, and any persons/students/groups/volunteers associated with this fencing program, from any loss, liability, damage, or cost. It is understood that fencing activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

I understand that photographs or video are taken in class and may be used for educational and fencing promotional purposes. By signing below, I give my permission for my child to be photographed, or their images recorded for print or electronic use in promotion.

Consent for Treatment

I hereby give my consent to have the above student treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Out of Nowhere Fencing LLC will provide **no** medical insurance for such treatment, and that the cost thereof will be at my expense.

The Undersigned expressly **ASSUME ALL RISKS** associated with above-named student's participation in the Fencing Class Activity.

Parent/Legal Guardian Signature

Print Name

Date

Student Signature

Print Name

Date