

NEW STUDENT REGISTRATION FORM



Date: _____

Name: _____ Class Location _____

Email: _____ Phone Number: _____

Address: _____

City/State/Zip: _____ Age: _____ Height: _____ Right or Left- Handed? _____

Any Medical History/Problems/Medications we should be aware of in regards to your participation in fencing?

Emergency Contact: _____ Phone Number to contact: _____

Your Occupation: _____

We support the occupation of parents/guardian/spouse, if you want our students to utilize your business, please indicate name and location/website/phone number:

Reason for interest in fencing: _____

What other sports do you play? _____

How did you hear about our class? _____

What do you expect to get out of fencing? _____

Have you fenced before? _____ If yes, where and for how long? _____

Weapon Fenced? _____ Ratings earned? _____

Out of Nowhere Fencing, LLC.

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