

Davis Fencing Academy

2121 Second Street, Suite C-103
Davis, CA 95616
(530) 758-7087

Membership Form 2014

Please fill in the information requested below and initial /sign where indicated.

Last Name _____ First Name _____ Today's Date _____

Address _____ Home Phone (____) _____

City _____ State _____ Zip Code _____ Work Phone (____) _____

Birthday ____/____/____ Gender: M / F Cell Phone (____) _____

Email Address _____

USFA Member Y/N? Opt out of Email List

If member is 18 years or younger, please complete the following:

Parent or Guardian _____ Phone (____) _____ Cell Phone (____) _____

Address (If different from above) _____ City _____ Zip Code _____

In Case of an emergency, please contact:

Name _____ Relationship _____ Phone (____) _____

I declare that I am in good physical health, and/or have consulted a physician about possible health risks involved in fencing. _____Initial

I understand that fencing is a high speed, contact sport that can cause severe injury, crippling paralysis, or death. I accept the risks involved and will not hold NFC, any of its members, employees, volunteers and/or coaches responsible for injuries incurred on the premises and while participating in any NFC related activity. I understand that NFC is not responsible for injuries due to the negligence of any of the above. _____Initial

I understand that anyone not wearing proper fencing equipment (mask, glove, jacket, gym or fencing shoes) will be asked to forfeit their class _____Initial

I understand that any carpool arrangements made with members or employees of DFA are personal and not professional in nature. _____Initial

I agree to notify NFC one month in advance of discontinuing services using a Fees Card. _____Initial

I, _____, agree to pay Davis Fencing Academy membership fees as per current Fees Card on file, due by the 5th of the month. DFA reserves the right to discontinue service if member is unwilling to follow on site safety regulations or protocols and/or disrupts facility services.

Member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____