

Davis Fencing Academy

2121 Second Street, Suite C-102
Davis, CA 95616
(530) 758-7087

Membership Form

Last Name _____ First Name _____ Today's Date _____
Address _____ Home Phone (____) _____
City _____ State _____ Zip Code _____ Work Phone (____) _____
Birthday ____/____/____ Gender: M / F Cell Phone (____) _____
Email Address _____ 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 DFA, any of its members, employees, volunteers and/or coaches responsible for injuries incurred on the premises and while participating in any DFA related activity. I understand that DFA 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 DFA 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 and/or disrupts facility services.

Occasionally a DFA representative will take pictures/video of practices at the club. Please check below IF you would like to modify or disallow the use of these pictures. -do not use my name - do not use my image

Member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Credit Card Auto-Pay Sign Up

Credit Card # _____ Exp. Date _____ Amount _____

By signing below, I authorize Davis Fencing Academy to deduct the monthly payment from my designated credit or debit card to pay for fencing lessons between the first and fifth of each month.

This authority is to remain in effect until the Davis Fencing Academy has received **written notification of termination** from me to notify the DFA **at least fifteen days prior** to my next payment.

Card Holder Signature _____ Date _____