

The Art of The Swashbuckler

THEATRICAL FENCING CLASS

APPLICATION FORM



STUDENT NAME: _____
Last Name First Name

DOB: _____

Mother's Name: _____			
Mother's Address:	Street _____	City _____	Zip _____
Home Phone _____	Work Phone _____	Cell Phone _____	
Fax _____	Other _____	Email _____	
Father's Name: _____			
Father's Address:	Street _____	City _____	Zip _____
Home Phone _____	Work Phone _____	Cell Phone _____	
Fax _____	Other _____	Email _____	

Student lives with: (Please circle one) **Both Parents** **Mother** **Father**

ICE (In Case of an Emergency): IF PARENT'S CANNOT BE REACHED, ARRANGEMENTS HAVE BEEN MADE WITH THE FOLLOWING PEOPLE TO BE CONTACTED AND MY CHILD MAY BE RELEASED TO THEM:

1. _____
Name Relationship Home Number Business Phone
2. _____
Name Relationship Home Number Business Phone

ALTERNATIVE EMERGENCY NUMBER:

Name Relationship Home Number Business Phone

OUT-OF-STATE EMERGENCY NUMBER:

Name Relationship Home Number Business Phone

Parent/Guardian Signature _____
By signing above you are authorizing your child's release to any of the aforementioned people.

Fill out the ICE Form above (and the attached Waiver Form) and email them to marc@theatricalfencing.com.
Note: Adults only need to provide their name, emergency contact and signature on this form.

To complete your reservation please choose and complete a payment option at:
www.theatricalfencing.com/enrollment