



OLYMPIC FENCERS CLUB

Student Information:

Name of Student: _____ D.O.B. ____/____/____

Name of Student: _____ D.O.B. ____/____/____

Primary Contact Information:

Student Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone - Home: _____ Work: _____ Cell: _____

E-mail: _____

Parent/Guardian Contact Information (If different from preceding): _____

Name of parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone- Home: _____ Work: _____ Cell: _____

E-mail: _____

Additional Student Information:

Medical History: _____

Allergies: _____

Comments: _____

Other Information:

Do you have any previous Fencing experience?: Yes _____ No _____

If yes, how long?: _____

How did you become aware of our Olympic Fencers Club?

Friend's referral: _____ The Yellow Pages: _____ Walk-ins: _____

* The information contained within this document will be held in the strictest confidence and will not be sold or disseminated for any reason