Fencing Academy

STUDENT APPLICATION

Full Name: _____ Date of birth: _____

Gender: _____ The leading hand: _____ Height: _____

USA Fencing membership #: _____

How many years/months have you been practicing fencing (if any): _____

Your best fencing competition results (if any): _____

_____

_____

Your current USA Fencing ranking (if any):_____
What kinds of sports have you been involved in before and for how many years/months (if any):

_____

_____

What kinds of sports are you currently engaged in except for fencing (if any): _____

_____

Medical conditions or health concerns we should be aware of (asthma, ADD/ADHD, Diseases, allergies, and injuries) (if any):

_____

_____

How did you find out about us? _____

BIDA FENCING ACADEMY, Inc.
Main Training Center: 2360 El Camino Real, Santa Clara, CA, 95050
https://www.bidafencingacademy.com || office@bidafencingacademy.com

Fencing Academy

CONTACT INFORMATION

* This information is solely for when we need to contact you. We do not disclose any personal information to third parties.

Parent/guardian (if student is under 18): _____

Mailing Address _____

City: _____State: _____ Zip: _____

Phone(S): Home: _____ Work: _____

Cell: _____ Other: _____

Parents Email: _____

Student's Email (if any): _____

Emergency contact (if different from above)

Name: _____ Relationship: _____

Daytime phone: _____ Evening phone: _____

PARTICIPATION AGREEMENT

I understand that violation of Bida Fencing Academy rules and guidelines may result in not being able to participate in some or all class activities. I further understand that Bida Fencing Academy reserves the right to remove a participant from a class if necessary.

Student signature: _____

Parent signature: _____

Date: _____