

Kingston Fencing Club Athlete Profile

(All personal information will be kept confidential)
(Some information is used for OFA insurance purposes only)

Name: _____

Address: _____

Postal Code: _____

Birthday: ____/____/____
Day Month Year

Telephone: _____

Occupation: _____

Parent(s) Name(s): _____ (for under aged students only)

Parents Occupation: _____ (for under aged students only)

Emergency Contact: _____ Tel # _____

Any medical concerns that we should be aware of? _____

E-mail: _____

Have you fenced before? YES ____ NO ____

If so, where? _____

Club Fees: Full Amount _____

Split Payment _____

Session: Please circle

Fall -Winter / Winter-Spring / Spring-Summer / Summer Training Camps

Date: _____
day/month/year