

PRO FENCING ACADEMY

* Required

1. **ATHLETE FIRST NAME ***

2. **ATHLETE LAST NAME ***

3. **AGE ***

4. **MEMBER OF USFA ***

Mark only one oval.

YES

NO

5. **USFA NUMBER #**

6. **GENDER ***

Mark only one oval.

Male

Female

7. **ARE YOU OVER 18? ***

Mark only one oval.

Yes

No

8.

PRIMARY WEAPON

Mark only one oval.

FOIL

EPEE

SABER

9.

SECONDARY WEAPON

Mark only one oval.

FOIL

EPEE

SABER

10.

SCHOOL OR COLLEGE NAME

11.

CURRENT GRADE LEVEL

12.

ANTICIPATED GRADUATION YEAR

PARENTS INFORMATION

PERSON RESPONSIBLE

13.

PARENTS FIRST NAME *

14.

PARENTS LAST NAME *

15. **ADDRESS ***

16. **CITY ***

17. **STATE ***

18. **ZIP CODE ***

19. **PHONE NUMBER ***

20. **E-MAIL ADDRESS ***

EMERGENCY INFORMATION

21. **EMERGENCY CONTACT NAME ***

22. **EMERGENCY CONTACT NUMBER ***

23.

RELATIONSHIP WITH THE ATHLETE

Mark only one oval.

Spouse/Partner

Parent

Friend