

Eagle Fencing Club

Membership Form 2014-2015

4150 Old Milton Pkwy, Suite 17-20
Alpharetta, GA 30005
678-523-8786 (English)
404-615-5674 (Chinese)
www.eaglefencingclub.com



Please fill in all of the following information:

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Cell/Home Phone: () _____

Mother Cell: () _____ Father Cell: () _____

Emergency Contact Name.: _____

Emergency Contact Phone #: () _____

Parent Names (if applicable): _____

USFA Yearly Membership Fee (choose one)

USFA regular \$70 USFA non-competitive \$10

USFA Membership ID# _____

Important Information:

All fencers should consult with a physician before beginning any new exercise program. Please describe any health or behavioral conditions that the staff should be aware of in the space below. This information is confidential and will only be used to ensure a safe and fulfilling athletic experience for the fencer. _____

I understand that my membership may be revoked *without refund* for abuse of the facility, equipment, or unacceptable behavior.

Fencer Signature _____ Date _____

Parent Signature _____ Date _____
