

Cape Cod Fencing Academy



87A Enterprise Rd, Hyannis, ma 02601

508-428-3520

508-362-3111

Student's Full Name _____ Date of Birth ___/___/___ Age ____ Grade ____

Home Telephone ___/___/___ Mom's Cell Phone ___/___/___ Dad's Cell Phone ___/___/___

Home Address _____ City _____ State ____ Zip _____

E-mail Address _____ Mailing Address (if Different) _____

School (Education) _____ Previous Dance Training _____

Responsible Party for Payment of Tuition _____

Mothers' Name _____ Mother's Occupation _____

Place of Employment _____ Employment Telephone ___/___/___

Father's Name _____ Father's Occupation _____

Place of Employment _____ Employment Telephone ___/___/___

Injuries, Illnesses, Allergies, Disabilities, or Medications Cape Cod Fencing Academy Should Be Aware of _____

I understand the regulations of Cape Cod Fencing Academy and that CCFA will not be liable for any injuries occurring during lessons or on the premises of the Atlantic Coast Academy Training Facility, demonstrations, competition, and event facilities.

I hereby grant to Cape Cod Fencing Academy and its agents or assignees, the irrevocable right to use my name, picture, portrait or any other likeness or description of myself, also any discussion of my participation in any events or activities of Cape Cod Fencing Academy for advertising or any other purpose.

Parent/Guardian Signature _____ Date ___/___/___

This release must be signed for your child to take part in any and all classes, meets, or events held by Cape Cod Fencing Academy

*To reserve space for a Fencing Academy class, please complete and mail in an application for each student with a \$35.00 non-refundable fee. One \$35.00 fee per student is needed to hold all classes for this training year.

*I understand that Cape Cod Fencing Club, (a non-profit organization), a fee is due in the amount of \$75.00

*Invoices are payable on the 1st class of each 8 week session. Each 8 week session costs \$200.00.

*All tuition payments begin 1st day students start fencing lessons. This contract is valid from **September 1, 201__ and runs thru August, 201__.**

All private lessons must be scheduled through Atlantic Coast Academy of Dance, not the instructor.

Credit Card # _____ Exp. Date _____ Signature _____

Please bill application fee to my credit card _____ Please bill tuition payment to my credit card _____

I will send in the application fee _____ I will send in the tuition payments _____

Responsible Party for Payment of Tuition; I _____ understand that I am responsible for the entire (non-refundable) tuition payment in the amount of \$ _____, Please sign _____

Please Mail application to Cape Cod Fencing Academy, 87 Enterprise Road, Hyannis Ma 02601

For Office Use Only:

Check # _____ Amount _____ Date Received _____ By _____