



Salle De Long Registration Form

Please fill out the registration form below to sign up for one of our ongoing classes.

For more information, email salledelong@gmail.com or call coach De Long at (915) 346-4338

3525 Pershing Dr. El Paso, TX 79903

Student's Information:

First _____ Last _____

Street address _____ City _____ Zip Code _____

Student's Date of Birth _____

Student's Email Address _____ Phone # _____

Parents' Information (for minors)

Parent's Name _____

Parent's Email Address _____

Parent's Phone Number _____

Program Register for:

- ☐ Trial Class (\$20xclass) Tue. or Thu.
- ☐ Beginner Summer Camp (\$180xwk) Date _____
- ☐ Individual Lesson (\$40x1) (\$140x4)
- ☐ Open Fencing (\$25x1) (\$95xmonth)
- ☐ Foil/ Epee Class (\$25x1) (\$95x4) (\$140xmonth)
- ☐ Salle De Long Membership (\$79): use of the facility during business hours

How did you find out about fencing?

- ☐ Media (TV, Facebook, Newspaper)
- ☐ Flyer
- ☐ Website
- ☐ Other (_____)

WAIVER OF LIABILITY

This waiver of liability must be signed by the participant before participating in any classes, camps, practice sessions, programs, competitions, or club activities at or on the premises of Salle De Long Fencing. If the participant is a minor (under 18 years old), the waiver must be completed by a parent or guardian. Students, participants, or club members cannot participate without this signed waiver. By entering events sponsored by or held at Salle De Long Fencing, I agree to follow the school's rules. I understand that participating in a sport involves risks of serious injury, including permanent paralysis or death. I voluntarily and knowingly accept these risks and release Salle De Long Fencing, its coaches, members, and sponsors (including but not limited to Salle De Long Fencing) from all liability related to my fencing and related activities. The student is responsible for any damage to fencing equipment upon signing this release. Salle De Long does not allow anyone to promote, market, sell services, or products on its premises.

BY SUBMITTING THIS FORM BELOW, YOU ARE AGREEING TO ALL THE STATEMENTS ABOVE.

Print Name and Sign

Date