

BEGINNER FENCING CLASSES

November-December 2011



Try this Modern Olympic Sport and discover why fencing is so popular! The Three Rivers Fencing Center is *Pittsburgh's Premier Modern Olympic Fencing Club*, and we provide:

- Top level USA coaches,
- Commitment to excellence,
- Modern and safe equipment, and
- Competitive and fun atmosphere.



Beginner 1 and Beginner 2 Classes start at **The Factory Building in Point Breeze:**

Session M-1	Youth – Beginner 1	5:00 p.m. to 6:00 p.m.	Mondays , October 31, November 7, 14, 21, 28, December 5, 12
Session M-2	Youth – Beginner 2	6:00 p.m. to 7:00 p.m.	
Session W-1	Kids – Beginner 1	5:00 p.m. to 6:00 p.m.	Wednesdays , October 26, November 2, 9, 16, 30, December 7, 14
Session W-2	Teen/Adult – Beginner 1	8:00 p.m. to 9:00 p.m.	
Session W-3	Teen/Adult – Beginner 2	(1 & 2 run concurrently)	
Session S-1	Combined – Beginner 1	9:00 a.m. to 10:00 a.m.	Saturdays , October 29, November 5, 12, 19, December 3, 10, 17
Session S-2	Combined – Beginner 2	10:00 a.m. to 11:00 a.m.	

Beginner 1: New Fencers, **Beginner 2:** For fencers who have passed the Beginner 1 Class Exam
(**Kids:** Ages 6-8, **Youth:** 9-12, **Teens:** 13-17, **Adults:** 18 and older, **Combined:** Open to All Ages)

Please send tuition & registration to:

Three Rivers Fencing Center
7501 Penn Avenue
Pittsburgh, PA 15208
(412) 731-4454
www.threeriversfencing.org



Payment Options:

1. **Commit!** - \$140 Before 1st Class
2. **Try It!** - \$30 Before 1st Class. If you love it, continue by paying \$120 balance
3. **Family!** - \$250 for 2 Family Members

(Tuition includes the use of TRFC Equipment)

(Cut here and send this portion with your tuition)

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Session: _____ Start Date: _____ Class Time: _____ Fencer Age: _____ Fencer Birth Date: _____
 Fencer Name(s): _____ Phone (Day): _____ (Evening): _____
 Address: _____ Emergency Phone: _____
 City, State, Zip _____ Email: _____
 Left/Right Handed? _____ Male/Female? _____ Fenced Before? _____ Allergies/Special Needs: _____
 Name of Parent/Guardian (if under 18): _____ School District: _____
 Active in the following other sports/activities: _____
 How did you hear about the TRFC? _____

CONSENT TO TREATMENT, LIMITATION AND WAIVER OF LIABILITY

I/we, on behalf of _____, (Fencer's Name) do hereby agree to waive all liability of the Three Rivers Fencing Center and staff for any accident, injury, illness or other mishap which might befall the above-named fencer while traveling to or from or during his/her attendance at the Three Rivers Fencing Center. Further, I/we hereby grant permission to the staff and any medical or surgical consultant deemed advisable, and any hospital to render to the above-named fencer any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment. Three Rivers Fencing Center reserves the right to send a fencer home if the need arises.

Signature of Fencer (Parent or Legal Guardian if fencer is under 18) _____ Date: _____