# Iowa City Fencing Center



**Membership Form 2023-2024**

415 Highland Avenue, Suite 200

Iowa City, IA 52240

(319)-338-7171

[www.iowacityfencingcenter.com](http://www.iowacityfencingcenter.com)

Please fill in all of the following information:

### First Name: \_\_\_\_\_\_\_\_\_\_­­\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone #: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USFA Club Representation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Names (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Membership**:

New Member (\_\_\_) Renewing Member (\_\_\_)

Monthly [ \_ ] $37.10 ($35 + $2.10 tax)

Full Year [ \_ ] $397.50 ($375 +$22.50 tax) Membership year is August 1st until July 31st

Academic Year [ \_ ] $333.90 ($315 + $18.90 tax) (August - May)

Family Full Year [ \_ ] $397.50 ($375 +$22.50 tax) for first member

 $291.50 ($275 + $16.50 tax) per additional family member

(For family membership plans please use the “family form” to fill out information for other family members)

**Payment Method:**

Cash [ ] Check [ ] (payable to ICFC)

**PLEASE READ AND SIGN THE REVERSE SIDE OF THIS FORM**

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 to be a member of the Iowa City Fencing Center, I will list the ICFC as my primary USA Fencing club, and I agree that I will wear no other club’s colors (warmups/sweats) when competing or receiving awards (patches excepted).*If I choose to do otherwise, I understand that my membership may be revoked* *without refund and I will be charged daily floor fees and any other applicable fees for my training as a guest at the Iowa City Fencing Center.* (Exception: Joint members of the ICFC and the University of Iowa Fencing Club may wear either club’s colors and list either club as their primary club.)

I also understand that my membership may be revoked *without refund* for abuse of the facility, equipment, or unacceptable behavior, and I might not be allowed to return to the Iowa City Fencing Center.

Fencer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(required for fencers attending high school or younger)

*For office use only*

Waiver on file [ ]

Registered in a class [ ]

Months Paid:

Aug. [ ] Sep. [ ] Oct. [ ] Nov. [ ] Dec. [ ] Jan. [ ] Feb. [ ] Mar. [ ] Apr. [ ] May[ ] Jun. [ ] Jul. [ ]