

Fencing

New and returning students invited!

Join this fast growing Olympic sport. Each {YEL!} fencing class follows four basic components: Teach It!... Hall of Fame Olympic Fencing Coach Ro Sobalvarro crafts our lessons and curriculum. Practice It!... Students pair up and practice the fencing move or concept, rotate partners and repeat. Move It!... Students are then asked to mock-fence using only the moves taught so far. Play It!... 10-15 minutes each class students fence with multiple fencers at their skill level. Winter and Spring sessions include an in-class tournament. All equipment provided. *Registration deadline is one week prior to the start of session.*

Activity: 411021
Who: Youth, grades 2-8
Winter: Thursdays, Jan. 25-Mar. 1
Activity: 111021
Who: Youth, grades 2-5
Spring: Thursdays, Apr. 5-May 17 (no class 5/3)
Time: 7:40-8:40 p.m.
Where: Crystal Community Center Gym
Fee: \$75



FYI: For more information or to register please check online at <https://webtrac.robbinsdalemn.com> or you can check our website: www.robbinsdalemn.com.

Mail/drop off waiver form with payment to Robbinsdale City Hall, 4100 Lakeview Ave. N, Robbinsdale, MN 55422.

Call 763-531-1278, Monday-Friday, between 8:30 am and 4:00 pm. using VISA, MC or Discover.

Refunds, program credits or transfers are allowed up to registration deadline. All refunds are subject to a \$5 service fee. Confirmations are not sent. Participants should attend the class unless informed it has filled or been cancelled. No refunds after the deadline.

Payment by check authorizes the city to use information from your check to make a one-time electronic transfer from your account to process the payment.

Fencing Registration & Waiver Form

Please print clearly. Make checks payable to City of Robbinsdale; 4100 Lakeview Avenue N, Robbinsdale, MN 55422

Youth's Name _____ Birthdate: _____ Grade: _____

Circle Session: Winter Spring

Contact's Name: _____ Phone (H) _____ (W or cell) _____

Contact's email: _____ ADDRESS _____

CITY _____ ZIP _____ Total AMT: \$ _____

Payment: CASH CHECK CREDIT CARD

Credit Card Number: _____ 3 or 4 Security Code _____ Expiration Date: _____

Card Holders Signature: _____

Please list any special needs or equipment participant may need: _____

Liability Waiver:

The undersigned acknowledges that recreational and sports programs involve inherent risks of personal injury. It is agreed that participation in the program is voluntary and at the participant's sole risk. The City shall not be liable for any claims, demands, injuries or damages whatsoever to the participant or participant's property arising out of the participant's participation in the program. On behalf of the participant, the undersigned releases and discharges the City, its employees or agents from all such claims, demands, injuries or damages, except those directly caused by the gross negligence of the City, its employees or agents.

Photographs are occasionally taken and may be used for promotional purposes of the recreation programs we offer. If you wish not to be photographed, check here ____

Signature Participant or guardian, if participant is under 18 : _____ **Date:** _____