

Indiana Fencing Academy welcomes all beginner fencers to our 8 Week session.

Fencing is one of the most elegant and interesting sports of our time. It develops athletic and personal skills such as coordination, speed, strength, discipline, individualism and sportsmanship.

CONDITIONING

Learn exercise routines proven at Olympic Training Centers that will strengthen your fencing abilities and increase stamina.

FOOTWORK / BLADEWORK

Learn and improve your blade work and footwork - the two most important aspects of fencing.

TACTICS

Tactical skills will be taught extensively.

BOUTING

Bouting sessions will be an integral part.

Fencing equipment will be provided for the Beginner fencers who do not own their own equipment.

All Club equipment must remain on premises at all times.

Long athletic pants, shirt and athletic shoes are required.

A tournament will be included within the last day.

All fencers must keep their area neat and clean.

All fencers must abide by the Club's Code of Conduct.

LUNGE INTO FENCING!

8 Week (Saturdays) Beginner Fencing Session

Beginner¹ fencers ages 7 - 12



Indiana Fencing Academy

109 Lincolnway West
Mishawaka, IN 46544
Between Main & Mill
574.256.0111
Inleighton@gmail.com

¹ Beginner: Fencer with 1 year or less experience.

Eight (8) Saturday classes!

March 29 Check-in 10:45 am - 11:00 am
Lessons 11:00 am - 12:30 pm

2014

MARCH						
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
APRIL						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
MAY						
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Fencers must bring their own drinks.

Hurry! Limited Registration!
Registration is first come, first serve!

Registrants: 6 minimum, 15 maximum

2014 Indiana Fencing Academy Registration Form

Nato Kobiashvili

Coach Nato is an accomplished international competitive fencer. Her coaching career began in 2009. She has been widely recognized by her students and their families for creating a positive learning environment for developing skills and adapting instruction to meet individual student needs.

Prior to Nato's transition into coaching, she brings a lifetime of fencing skills developed from childhood in her native Republic of Georgia. From 1998 through 2009, Nato competed at the highest international level. A Georgian champion over consecutive years! She has won numerous international tournaments and fenced in the European and World Championships, as well as the World Cup.

Nato's passion and enthusiasm for fencing absolutely transcends to her work with her students!

Fencer Name: _____

Date of Birth: _____

Address: _____

City,St,Zip: _____

Emergency Phone: _____

Email: _____

Left/Right Handed? _____ Male/Female? _____

Foil/Epee? _____ Years' experience: _____

Do you own your own equipment? Y N

USFA Member #: _____

Shirt Size (for equipment sizing) _____

8-Week Beginner Fencing Class March 29, 2014 – May 24, 2014

To Register: Complete this form in its entirety and enclose the \$150 (Check payable to Indiana Fencing Academy).

Registration is due by March 26, 2014. The fee is non-refundable.



Office Use Only

Club Equipment Rental:

Mask Foil/Epee Jacket

Lamé Body Cord Glove

Chest Protector

Paid ___/___/___ Cash \$ _____

Check # _____ Check \$ _____

Club Registration EDL Member

Code of Conduct

Consent to Treatment and Waiver of Liability

I/we, on behalf of,

_____ do hereby agree to waive all liability of the Indiana Fencing Academy/Esgrimé du Lac Fencing Club and its Agents, Officers, Successors, Assigns, staff and physicians for any accident, injury, illness, or other mishap that might befall the above named fencer while traveling to, from or during attendance at the Academy's Fencing session. Further, I/we hereby grant permission to the staff and physicians of the Academy, to any medical or surgical consultant deemed advisable, and any hospital to render the above-named fencer such medical and surgical treatment they deem necessary at my/our sole expense. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

_____ Date

_____ Signature (Parent /Legal Guardian if fencer is under 18)

_____ Health Insurance Company

_____ Policy Number

_____ Name of Insured

Allergies/Special Needs: _____