

FENCING

For grades 2-8--New and returning students invited! Join this fast-growing Olympic sport run by Youth Enrichment League (YEL). Each 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 then participate in fencing matches using only the moves taught so far.
- Play It! Students will spend 10-15 minutes of each class fencing with multiple fencers at their skill level.

All equipment provided. Current social distancing and sanitizing guidelines will be followed. *Register by September 24.*

Course: 210601-A
Dates: Thursdays, October 1-November 12
(no class 10/15)
Time: 7:40-8:40 p.m.
Location: Crystal Community Center,
4800 Douglas Drive
Fee: \$79 Residents of New Hope, Crystal,
Golden Valley and Robbinsdale
\$86 Nonresidents



Register with: New Hope Parks and Recreation
4401 Xylon Avenue North
New Hope, MN 55428
763-531-5151

Register Online...Go to webtrac.nhrecexpress.com



www.facebook.com/newhoperecreation

Refunds, program credits or transfers are allowed up to one week prior to the start of the program or by the printed deadline. In the event of illness or injury, refunds may be given when accompanied by a doctor's written verification. Refund amount is dependent upon program and supplies involved. All refunds are subject to a \$5 service fee. Confirmations are not sent. Sorry, exceptions for ages cannot be made. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card. Call 763-531-5151.

Fencing – Fall 2020 (210601-A)

Name _____ Phone _____ Cell _____

Address _____ City _____ Zip _____

Birthdate _____ Parent/Guardian Name _____

Does participant have a special need? _____

Email _____ Amount Enclosed \$ _____

I, the undersigned parent or guardian, authorize the sponsoring cities to disclose to the insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the cities harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the city in promotional materials.

Parent/Guardian Signature _____ Date _____

Am Ex/Discover/MC/Visa # _____ Exp Date _____ Security Code _____