

## ---)----- Winter Camp Registration form ------(---

5 day camp, daily: 9:00AM -1:00PM

December 24- 31, 2014

Student name:		Age:		
DOB: _		_ Gender: M / F Fencing experience: _		
Home Address:		City:		State:
Zip:	Parent name: _	Cell:	Email:	
	Beginner Advanced			

Days (please, circle one): Mo --- Tue --- Wed --- Thu --- Fri

*OLYMPIA FENCING CENTER is insured under the United States Fencing Association (USFA)please, make sure you're up to date with your membership.* 

## Waiver of liability

Upon entering events sponsored by the USFA and/or its member OLYMPIA FENCING CENTER, I agree to abide by the rules of the USFA, as currently published (www.usfencing.org) I understand and appreciate that participation in a sport carries a risk to me of serious injury. I voluntarily and knowingly recognize, accept and assume this risk and release the USFA, their sponsors, event organizers and officials from any liability.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment is due 1st day of the camp, by check or credit card, payable to OLYMPIA FENCING CENTER.