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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.