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Registration Form

July 11 – 15, 2016

9:30 AM – 1:30 PM

Student name: _____ DOB _____

Gender: M ___ F ___ Fencing experience (if any, none required): _____

Home Address: _____ City: _____ State: ___ Zip: _____

Parent name: _____ Phone: _____ Email: _____

Emergency contact : _____ Phone: _____

Learn to Fence/Beginners :

- | | | | | | | |
|--------------------------|--------------|------|------|------|------|------|
| <input type="checkbox"/> | July 11 – 15 | MON. | TUE. | WED. | THU. | FRI. |
| <input type="checkbox"/> | July 18 - 22 | MON. | TUE. | WED. | THU. | FRI. |
| <input type="checkbox"/> | July 25 – 29 | MON. | TUE. | WED. | THU. | FRI. |

(Please, circle the days you're interested to attend).

OLYMPIA FENCING CENTER is insured under the United States Fencing Association (USFA)-\$10.00, non-competitive membership is required on the first day of the camp.

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 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.