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### Registration Form

Student name: \_\_\_\_\_ DOB \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Fencing experience \_\_\_\_\_ USFA membership number \_\_\_\_\_

Fencing Club (if applicable) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Camp Dates

- Youth Advanced (Aug 20 - Aug 24)    MON.    TUE.    WED.    THU.    FRI.  
 Junior Advanced (Aug 13 - Aug 17)    MON.    TUE.    WED.    THU.    FRI.

(Please circle the days you will be attending, minimum 3 days required).

*OLYMPIA FENCING CENTER is insured under the United States Fencing Association (USFA )  
The least \$10.00 non- competitive membership is required to participate in all activities.*

### 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](http://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 on 1st day of the camp, by check or credit card, payable to OLYMPIA FENCING CENTER.***

***\$100.00 deposit fee is required to secure your spot in the camp. The deposit fee is non-refundable and will be included in your camp cost.***

**---)----- Medical Release Form -----(---**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. List any medical condition:

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2. List any medication currently taking:

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3. List any allergies:

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**IN CASE OF EMERGENCY PLEASE CONTACT:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

*As parent or legal guardian of the participant named above, I hereby authorize the director of the camp and subordinates to seek any medical/surgical treatment which is reasonably thought to be necessary for the care of my child.*

*I hereby waive and release Olympia Fencing Center and the camp's staff for any liabilities due to injuries incurred during the camp and I accept full financial responsibility for any medical treatment which may occur.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_