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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 Info**

Dates: 08/19-08/23

Time: 10:00 AM -5:00 PM

Fees: \$600.00/week or \$150.00/day

**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 \_\_\_\_\_