---)---------- **ADVANCED FOIL CAMP 2019** ----------(---

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

Date: Jul 29, 2019 - Aug 2, 2019
Time: 9:00 AM – 3:00 PM
Price: $500/week or $120.00/day

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).

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:

_____

_____

_____

2. List any medication currently taking:

_____

_____

_____

3. List any allergies:

_____

_____

_____

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 _____