



---)----- **ADVANCED ÉPÉE CAMP 2020** -----(---

**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**

- July 13- 17  
MON TUE WED THU FRI
- August 3-7  
MON TUE WED THU FRI
- August 10-14  
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 )  
An active membership is required to participate in all activities.*

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.*

*Waiver Required: please scan this code, sign and send.*



--)------ **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 \_\_\_\_\_