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Registration Form

Fencer's name: _____ DOB _____

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

Fencing Club (if any): _____

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

Parent name: _____ Phone: _____ Email: _____

Please circle the weapon/dates you're interested (if not sure leave it blank)

- Épée**
- Foil**

- | | | | | | |
|---------------------------------------|-----|-----|-----|-----|-----|
| <input type="checkbox"/> July 06– 10 | MON | TUE | WED | THU | FRI |
| <input type="checkbox"/> July 13 – 17 | MON | TUE | WED | THU | FRI |
| <input type="checkbox"/> July 20-24 | MON | TUE | WED | THU | FRI |

*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, **for attendance longer than one week.***

USFA membership number: _____

Cost of the camp: \$500.00 for the whole camp, or \$110.00/day

Minimum of three days required.

Payment is due 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.

Camp information: <https://olympiafencingcenter.com/summer-camp-2020/>

Email: info@olympiafencingcenter.com

WAIVER OF LIABILITY

I enter this event at my own risk and release the USFA, its sponsors, referees, officers and agents, the event organizers, and the event organizers' officers, and agents from any liability. The undersigned certifies that the birth date of the individual is as stated in registration for this event, and that the individual is a current member of the USFA for the competitive season in which the event takes place.

Signature of Parent or Guardian for minor: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT: This is to certify that on this date I, _____

give my consent to the USFA, the event organizers, and their representatives to obtain medical care from any licensed physician, hospital or clinic for the above named athlete for any injury or illness that may arise during activities associated with this event/camp.

Allergies or other medical problems (please list):

Signature of Parent or Guardian for Minor: _____ Date: _____

INSURANCE INFORMATION

If said athlete is covered by any insurance company, please complete the following (type or print legibly):

Name of Carrier Name of Policyholder: _____

Address of Carrier Policy number: _____

Emergency Contacts/Phone Numbers

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Thank you!
OLYMPIA FENCING CENTER
127 Smith Pl. Cambridge MA 02138
(617) 945 9448