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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**

July 06– 10      MON   TUE   WED   THU   FRI

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*OLYMPIA FENCING CENTER is insured under the United States Fencing Association (USFA)  
Waiver is required.*

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Cost of the camp: \$100.00/day  
Minimum of three days required.

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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.*

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Camp information: <https://olympiafencingcenter.com/summer-camp-2020/>  
Email: [info@olympiafencingcenter.com](mailto: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