

# Olympia Fencing Center

## ---)-----Summer Camp for Beginners -----(---

### 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: \_\_\_\_\_

Cost of the camp:

Full days: \$500.00/week or \$120.00/day

Half days: \$300.00/week or \$65.00/day

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 (unless the camp is canceled) and will be included in your camp cost.*

#### Weeks

June 28-July 2    July 5-9    July 12-16    July 19-23    July 26-30

#### Days

Monday    Tuesday    Wednesday    Thursday    Friday  
 Full Day    Full Day    Full Day    Full Day    Full Day  
 Half Day    Half Day    Half Day    Half Day    Half Day

#### 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.

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.

Allergies or other medical conditions (please list):

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Signature of Parent or Guardian for Minor: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contacts/Phone Numbers**

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Image Release**

I authorize Olympia Fencing Center to use images for publicity, promotional and advertising purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian if under age of 18)

**Use of changing rooms/boxes**

I understand that Olympia Fencing Center is not responsible for lost equipment, including but not limited to: fencing bag and contents, shoes, weapon, mask, etc.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian if under age of 18)

**Additional waivers**

Please scan and submit

**Covid-19 Waiver**



**USFA Waiver**



THANK YOU!  
OLYMPIA FENCING Center

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