



Camp Registration Form for the week of 3/10/2024

Fencer's Name _____

Club _____ Coached by _____

Birthdate (Month/Day/Year) _____ Male/Female _____ Weapon _____ Rating _____

Address: Street _____

City/State/Zip _____ Country: _____

Fencer's e-mail _____ Phone (include country code): _____

Parents Name(s) _____ Phone _____

Parents e-mail _____

Emergency Contact:

Name _____ **Phone Number** _____

Doctor

Name _____ **Phone Number** _____

Health Insurance

Company name _____ **Policy Number** _____

Legal Notices/Acknowledgements (Please read and initial each):

_____ I/We realize that participation in the class and related activities may include strenuous physical activity and/or activities that may potentially be hazardous. I/We represent that the student indicated on this form is in good physical condition and has no physical or mental health problems that will preclude or inhibit the student's participation in fencing activities.

_____ I/We give consent to Fencing Sports Academy, Inc (FSA) and its representatives to obtain medical care at my/our expense from any licensed physician, hospital, or clinic for the student indicated on this form for any injury or illness that may arise during activities associated with the FSA camp. Fencers assume full responsibility for all actions during and in connection with training and understand it is my/our responsibility to obtain medical insurance coverage.

_____ I/we hereby waive all claims of liability against FSA, its coaches, staff, volunteers, chaperones, persons providing transportation and homestay families for any injury or death to participant caused by accident or negligence.

Please reserve # _____ of rooms with check in on _____ and check out on _____

Class Rules:

- The fencing floor is restricted to fencers only. Non-participants must stay in the observation area.
- Fencing weapon must be carried with points down or in a fencing bag.
- Any illness, injury, or medical problems must be reported to the instructor before class begins or immediately upon occurrence.
- Rough play or dangerous behavior will not be tolerated.
- Mask, glove, fencing jacket, knickers, plastron, breast plate and athletic shoes must be worn when fencing.
- Instructions and directions of coach(es) and FSA staff must be followed at all times. The highest standards of sportsmanship and proper conduct are encouraged and expected.

_____ I/We represent that the camper has no physical or behavioral conditions that would affect or limit the full participation in fencing or strenuous activities, except (list below)

The camper will take medication Yes _____ No _____ If yes,

list medication, condition the medication treats _____

Supervision regarding administration of medication required Yes _____ No _____

Camper has no known allergies _____

Camper is allergic to _____ mild _____ severe _____

_____ I/we realize that camp participation and related activities includes strenuous physical activity and/or activities that may potentially be hazardous. I/we waive all claims of liability against FSA, its coaches, staff, volunteers, and chaperones, persons providing transportation and homestay families for any injury or death to camper caused by accident or negligence.

_____ In the event of a medical emergency, I/we understand that every effort will be made to contact parent(s) and/or the emergency contact listed above. If the emergency contact and/or parent(s) cannot be reached, I/we hereby give permission to the licensed health-care practitioner selected to secure proper treatment, including but not limited to hospitalization, anesthesia, surgery or injections of medication for camper.

Photography Waiver:

_____ I/We acknowledge from time-to-time photographs and/or video may be taken of students, parents, and others participating at the Fencing Sports Academy, Inc. ("FSA"). I/We agree that any photographs, videos, audio or other materials that include you or your child are or will become the sole property of FSA and that FSA has the absolute right and permission to use in perpetuity, without royalty or payment of any kind to you or your child, materials that include the name, likeness, photographs and/or voice of you or your child in any manner and in any media, throughout the world, at any time, for the purpose of advertising and publicizing the academy and promoting the sport of fencing.

I have read the above Camp Policies, Legal Notices, and Photography Waiver and by signing below, I agree to abide them.

Campers Signature: _____ **Parent Signature:** _____

For Office Use Only: Processed by: _____ Date Processed: ____/____/____ 2/24/2023