

FENCERS CLUB

EST. 1883

*Fencers Club is a 501(c)(3) non-profit organization dedicated to promoting excellence through the sport of fencing.
We actively support a culture of sharing by performing community services that extend beyond fencing.*



6th Annual
2014 Summer Fencing Training Camp
in the heart of the Berkshires hills in
Western Massachusetts

Berkshire School

August 15 to August 22, 2014

Camp Registration Forms



COMMUNITY OLYMPIC
DEVELOPMENT PROGRAM
FENCERS CLUB

229 W 28TH ST, 2ND FL | NEW YORK, NY 10001 | 212.807.6947

WWW.FENCERSCLUB.ORG | Fencers Club is a 501(c)(3) non-profit organization

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1/6/2014

Dear Camper,

We thank you for participating in our 6th-annual summer training camp in the Berkshires. We look forward to working together to meet your fencing goals and enjoying many of the cultural offerings and the natural beauty of the Berkshires. The campus itself is beautiful and the rooms are large and well appointed. The fencers will be housed in single sex dorms, and our highly qualified and responsible counselors and coaches will supervise each floor. We will also have a full-time Camp Manager who will be in charge of the day-to-day operations. The FC Pro Shop will also relocate to the camp to provide valuable services.

Please find enclosed:

For your information:

- Camp Information sheet
- Packing List

Please read, sign and return to Fencers Club:

- Registration and Questionnaire form
- Physician Form
- Allergy Emergency Form
- Massachusetts Authorization to Administer Medication to a Camper Form
- Credit Card Authorization Form
- Fencers Club Waiver and Release of Liability Form
- Statement of Responsibility Form

If you have any questions, please do not hesitate to contact us.

Sincerely,



Liz Cross
Executive Director
Tel: 212.807.6947
info@fencersclub.org



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2014 Summer Fencing Training Camp Information

August 15 to August 22, 2014

Location: Berkshire School, 245 North Undermountain Rd, Sheffield, MA 01257, Tel: 413-229-8511

<http://www.berkshireschool.org>

Berkshire County is located in Western MA and it is famous for its natural beauty and rich cultural offerings. The Berkshires is the home of Tanglewood, Jacobs Pillows, Shakespeare & Company and numerous other theaters. There is a movie theater, a bowling alley and a golf course near the camp.

Our world-class coaches will conduct drills, tactical exercises, training, conditioning and supervised bouts sessions. We anticipate more than 100 students, from beginners to Olympians. Our students come from all over the country and abroad.

FACILITIES, ACCOMMODATIONS & PERKS:

- Large gym for fencing
- State-of-the-art, brand new training facility with lockers and showers
- Three daily fencing and conditioning sessions
- Fencing video analysis for each weapon
- Armory clinic with Coach Boris Vaksman
- Hiking with Coach Kornel Udvarhelyi
- Outdoor quarter-mile track
- Soccer field, cross country training course, tennis courts
- Maximum fencer-coach/counselor ratio of 7:1
- Spacious double rooms (singles available at extra cost, see below)
- Each dorm comes with a fully equipped and stocked kitchen and laundry facilities
- Linen, towels and blankets provided
- Full American breakfast, lunch, healthy afternoon snack and hearty dinner
- Every camper will receive the famous Fencers Club Berkshires Training Camp T-shirt
- Absolutely awesome counselors' practice after dinner
- Camp-wide tournament on Thursday, August 21, 2014. Parents are welcome to watch.

COACHES SCHEDULED TO ATTEND:

Epee: Alexey Cheremsky, Kornel Udvarhelyi, Boris Vaksman

Foil: Simon Gershon, Irene Gershon, Buckie Leach, Mikhail Petin

Sabre: Archil Lortkipanidze, Akhnaten Spencer-El

Olympians and many of our elite fencers will attend to train and work with the fencers. If you would like to speak to some fencers and/or parents who participated in the camp in the previous years, we would be happy to provide references.



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2014 Fencers Club Berkshires Training Camp Schedule

8/15/2014 – FIRST DAY

9:00 am Charter bus leaves from Fencers Club
12:00 noon Arrival at Berkshire School
12:00 noon -1:30 pm lunch/camp greeting in cafeteria (parents welcome)
1:30 pm-2:00 pm Gear drop-off and camper **orientation in the gym**
2:00 pm-3:30 pm get settled in the rooms and meet the counselors
4:00 to 5:45 first practice
6:00 to 7:00 dinner
7:00-8:00 rest
8:00 to 9:30 evening practice
9:30 snack, meeting, bed

8/16/2014 to 8/20/2014

7:30-8:00 morning practice
8:00-9:00 breakfast
9:00-10:00 rest
10:00-12:30 practice
12:30-1:30 lunch
1:30-3:00 rest/free time
3:00-6:00 practice
6:00-7:00 dinner
7:00-8:00 rest
8:00-9:30 evening activity:
- Video analysis by weapon
- Counselors' practice and games
- Armory workshop with Boris Vaksman
- Strengthening and conditioning
9:30 snack, meeting, bed
**One of these mornings will be reserved for group field day activities (tennis, soccer, hiking)*

8/21/2014 – TOURNAMENT

7:30-8:00 morning practice
8:00-9:00 breakfast
9:00-12:30 preliminary rounds
12:30-1:30 lunch
1:30-3:00 rest/free time
3:00-6:00 direct eliminations
6:00-7:00 dinner
7:30-9:30 finals and camp awards
9:30 snack, meeting, bed

8/22/2014 – LAST DAY

7:30-8:00 morning practice
8:00-9:00 breakfast
9:00-10:00 pack/clean/room inspection
10:00-12:30 practice
12:30-1:30 lunch
2:00 Charter bus leaves for Fencers Club
5:00 Campers are dismissed from FC

**Times listed are approximate and subject to change.*



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Berkshires Training Camp Registration & Questionnaire

| | | | |
|-------------------------------|----------------|-------------|---------|
| Fencer's name: | | Age: | |
| Parents' names (if under 18): | | | |
| Address | | | |
| Phone/Cell | | | |
| Emergency Name/Tel#: | | | |
| Email(s): | | | |
| Club: | | Coach Name: | |
| Weapon: | #Yrs. Fencing: | Rating: | USFA #: |
| Fencing camp(s) attended: | | | |
| How did you hear about us? | | | |
| Goals for the camp: | | | |
| | | | |
| | | | |

Accommodations

There are three types of dorms: adult dorms, male/female dorms. See next page for day camp options.

What kind of room would you like? (see fees on next page) A/C Non-A/C

Do you have a roommate request? If yes, fencer's name: _____

If no, please answer the following questions that will help us match a roommate for you:

Age range: _____ Weapon: _____ Club: _____

Your personal messiness range: (1) messy (2) somewhat messy (3) orderly (4) super organized

Personal bedtime habit: (1) early sleeper (2) sleep within 1 hour of bedtime (3) night owl

What do you look for in a roommate? _____

How do you like to spend free time? _____

Please note that the non-fencers will not be allowed to stay with the campers. Coaches and adult fencers may be assigned rooms in the adult dorm building. An adult fencer who is attending the camp with his/her spouse/partner will be assigned a double room—there will be an additional charge for room and board for the extra person. Please call the club for more information.



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| Overnight Camp Fees (includes room, all meals and snack) | | |
|--|-----------|-------------|
| Type of Accommodation | FC Member | Non-Member* |
| Cost of the camp, non-air conditioned double room | \$1,500 | \$1,600 |
| Cost of the camp, air conditioned double room <i>(recommended for younger students)</i> | \$1,600 | \$1,700 |
| Day Camp Fees (includes all meals and snack) | | |
| Cost of the camp | \$1,200 | \$1,300 |
| Pro-rated daily cost | \$200 | \$200 |

*Non-member siblings may register at FC Member rate. \$150 additional fee for single room.
Room request is based on availability.

Registration and Transportation Info

A non-refundable deposit of \$750 is required at the time of registration. Balance due in full by 7/1/2014. There will be a surcharge of 10% for all applications received after 7/1/2014. After 7/31/2014, it is up to the discretion of Fencers Club whether an applicant will be accepted to the camp. Register before 3/31/2014 to receive one free FC Berkshires Camp hoodie of your choice.

We will be chartering a bus for transportation. The bus will leave from Fencers Club at 9:00AM on Friday, August 15th. The cost of the transportation will be \$50 each way and is non-refundable. Please note that you are expected to be at Berkshire School between 12:30PM to 1:30PM. **Please go directly to the cafeteria** where our Camp Manager and counselors will be there to greet and check in campers. We have arranged for a buffet lunch from 12:30 PM to 1:30 PM. The lunch is for everyone, including families. Orientation will take place at 1:30 PM in the gym.

Fencer's Name: _____

Do you need transportation to the camp? Yes _____ No _____

Arrival Date: _____ Departure Date: _____

Expected Time of Arrival: _____ Expected Time of Departure: _____

During the camp, we may organize trips to nearby towns for activities or go on hikes. Some of these activities may require transportation. We will either charter a bus or ask the coaches, manager and other designated adults to drive.

Please sign here if you give your consent: Any Fencers Club approved adult may drive my child to Club-sanctioned activities.

Parent Name: _____ Signature: _____



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Berkshires Training Camp Payment/CC Authorization Form

| | | | |
|----------------------------------|--|----------------|-------|
| Fencer's name | | | |
| Credit Card Holder's Name | | | |
| Billing Address | City | | State |
| | Zip Code | | |
| | | | |
| Best Phone Contact # | | | |
| Best E-mail | | | |
| Credit Card Info | Number: | | |
| | Expiration Date: | Security Code: | |
| | Check One: Visa (<input type="checkbox"/>) Master (<input type="checkbox"/>) Amex (<input type="checkbox"/>) Discover (<input type="checkbox"/>) | | |

Camp Payment: A non-refundable deposit of \$750 is required at the time of registration. Balance due in full by 7/1/2014. There will be a surcharge of 10% for all applications received after 7/1/2014. After 7/31/2014, it is up to the discretion of Fencers Club whether an applicant will be accepted to the camp. Register before 3/31/2014 to receive one free FC Berkshires Camp hoodie of your choice.

Check enclosed payable to Fencers Club: \$ _____ **OR** charge the above CC in the amount of \$ _____

Other Activities/Rental Fees

Fencers Club has my permission to charge my child's additional camp-related expenses to my credit card.

Charge Limit: \$ _____ Authorized Credit Card Holder's Name: _____

Signature: _____ Date: _____

Please note that if campers do not wish to participate in group outings, they have the option of staying on campus for fencing related activities and/or dorm movies and games.

If your fencer is bringing anything valuable to the camp, please ask him/her to give it to the Manager for safekeeping.



Fencers Club 2014 Berkshires Training Camp

Excursion Option - Tuesday, August 19, 2014

Shakespeare and Company's
Tina Packer Playhouse in Lenox, MA presents:

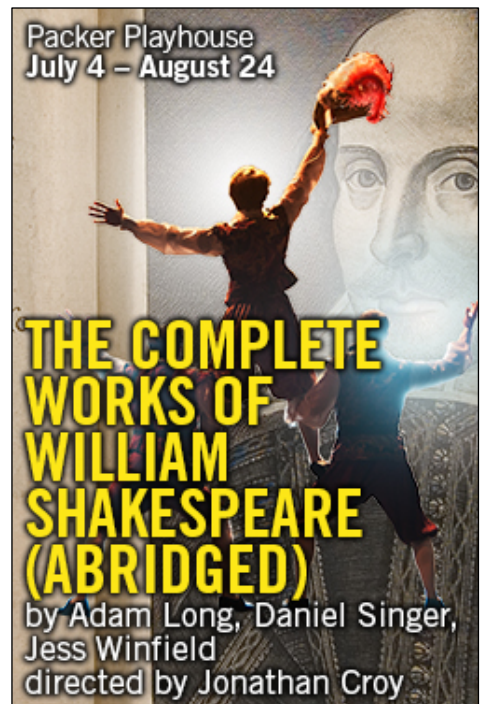
"The Complete Works of William Shakespeare"

by Adam Long, Daniel Singer, and Jess Winfield directed by Jonathan Croy

"A hilarious medley of mayhem, comedy and lunacy, The Complete Works of William Shakespeare (Abridged) returns (after too long of an absence) with a naughty new cast, a devilishly fresh take, and a feverish pace. With a wink and a nod (and perhaps a pinch of the bottom), this clever parody whirls by — you'll be laughing long after we're done with you!"

A charter bus will leave from Berkshire School campus at 6:30PM after dinner. The first 40 campers to sign up will be able to attend. There will be at least 5 counselors to escort the campers to and from the play.

Cost: \$60 per person including transportation. Payment due by July 15th via CC or check. Minors must have signed permission from parents/guardians to attend (see below).



I, _____ parent/guardian of _____
give my consent for s/he to attend *The Complete Works of William Shakespeare (Abridged)* as part of the
2014 Fencers Club Berkshires Training Camp.

Credit Card #: _____ **Exp. Date:** _____

Cardholder Name: _____ **Signature:** _____



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USA Fencing (USFA) Membership Requirement

In accordance with our National Governing Body, USA Fencing's "Safe Sport" policy, it is required that ALL campers be at least non-competitive members of USA Fencing (aka "USFA"). Membership to USA Fencing costs \$5 per season for non-competitive or \$70 per season for competitive membership. You may register online: <http://www.usfencing.org/page/show/698115-individuals> or using the paper forms attached at the end of this packet.

Fencer's Name: _____

Type of USA Fencing Membership: Competitive _____ Non-competitive _____

USA Fencing Membership #: _____

Photo Release

Photo Release Consent: I agree that Fencers Club may use photographs of me or my child (if under 18) without the name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

Name: _____ Signature: _____ Date _____

Health Insurance Information

Name of Carrier: _____ Name of Policy Holder _____

Address of Carrier _____

Tel Number of Carrier _____ Policy Number _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Tel: _____



Berkshires Training Camp Packing List

Fencing related:

- Mask in good condition (with conductive bib for foil)
- Fencing jacket and knickers
- Plastron
- 2 pairs of long socks
- Sneakers with white or non-marking soles, preferably fencing shoes
- Glove
- At least 2 working body cords
- At least 2 working weapons
- Chest protector for female fencer (or for male if desired)
- Lamé for foil/sabre fencer

**An armorer will be onsite to fix broken equipment. The FC Pro Shop will supply items for rental and sale.

Other items:

- At least 3 pairs of shorts
- At least 7 t-shirts
- Warm-ups/sweat shirts/hoodies
- Long pants, jeans are fine
- Good pair of shoes for hiking or cross training
- Toiletries including soap, shampoo, deodorant, detergent
- Bath towel and hand towel
- Sandals
- Sunscreen, bug repellent
- Small backpack
- Spending money – recommended amount \$50
- Swimming trunks/bathing suit
- Small fan if camper has selected non-air conditioned dorm

Note: fencers may also bring their own linen and towel if they wish.

Optional items:

- Tennis racket and balls
- Games, DVDs to share with dorm mates
- Laptop
- Cell phone

**There are coin operated washer & dryers on campus.
Young campers will be assisted by his/her counselor.
We look forward to having you at camp soon!**



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PHYSICAL EXAMINATION: Physician Form

(To be completed by physician) The purpose of this health record is to provide the staff with pertinent information that will help to serve the needs of this child in the Fencers Club Training Camp.

CAMPER'S NAME: _____

PARENT'S NAME: _____

IMMUNIZATION HISTORY

DTaP, DTP or TD Date _____ Date _____ Date _____ Date _____ Date _____ Polio Date _____
Date _____ Date _____ Date _____ Date _____ MMR Date _____ Date _____ Hemophilus
Influenzae type B Date _____ Date _____ Date _____ Date _____ Hepatitis B Date _____ Date _____
Date _____ Varicella Date _____ Date _____ Hepatitis A Date _____ Date _____
Other _____

MEDICAL EXAMINATION – To be filled out by licensed physician Examination is acceptable when performed no more than 12 months prior to the end of camp. Code: S = Satisfactory X= Not satisfactory (Explain) O= Not Examined

General Appearance _____
Height _____ Weight _____ Blood Pressure _____ Hgb. Test (Date) _____ Urinalysis (Date) _____
Posture & Spine _____ Throat – tonsils _____ Eyes _____
Vision _____ w/Glasses _____ Extremities _____ Heart _____ Ears _____
Hearing _____ Feet _____ Lungs _____ Skin _____ Nose _____
Teeth _____ Abdomen _____ Hernia _____
Genitalia _____
Neurological findings _____
Describe Abnormal Findings and /or Handicapping _____
Allergies: (Please specify) _____

Recommendations and restrictions while in camp.

Special Diet _____
Special medicine by name _____
Is parent/guardian sending special medicine? _____
Activity Restrictions _____
General Appraisal _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Fencers Club Training Camp activities, except as noted above.

Examining Physician (Signature) _____

Physician's Name (Please Print) _____

Address _____ Telephone _____

Date of Exam _____



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Allergy Emergency Form

AUTHORIZATION FOR EMERGENCY TREATMENT for KNOWN Life Threatening Allergies
(To be completed and signed by Parents and Physician)

Student's Name: _____

Birth date: _____ Age: _____

Allergic to: _____

Symptoms Give Medication checked "X"*

| | |
|--|-------------------------|
| Mouth: Itching, tingling, or swelling of lips, tongue, mouth | () Benadryl () EpiPen |
| Skin: Hives, swelling on face or extremities, itchy rash | () Benadryl () EpiPen |
| Gut: Nausea, abdominal cramps, vomiting, diarrhea | () Benadryl () EpiPen |
| Throat: Tightening of throat, hoarseness, hacking cough | () Benadryl () EpiPen |
| Lung: Shortness of breath, repetitive coughing, wheezing | () Benadryl () EpiPen |
| Heart: Thready pulse, passing out, fainting, pale, blueness | () Benadryl () EpiPen |

If a food allergen has been ingested, but no symptoms () Benadryl () EpiPen

If a reaction is progressing (several of the above areas affected) () Benadryl () EpiPen

Medication Doses: Antihistamine (liquid diphenhydramine, Benadryl): Give _____ Teaspoon(s), _____ cc (_____ mg) by mouth. Epinephrine EpiPen [EpiPen _____ (_____ mg) injected once into upper outer thigh.

Epinephrine injection may need to be repeated if the child's symptoms persist or get worse. Call 911 (or Ambulance service and phone number: _____) State that the child had a severe allergic reaction, and additional epinephrine does may be needed.

Additional contact information:

Allergist Name _____ Phone _____

Pediatrician Name _____ Phone _____

Parent Name (other contacts) and Contact Numbers:

Name _____

Phone (1) _____ Phone (2) _____

Name _____

Phone (1) _____ Phone (2) _____

Other allergies, medication allergies, medical conditions _____ Approximate weight _____ lbs

DO NOT HESITATE TO ADMINISTER MEDICATION OR TAKE THE CHILD TO A MEDICAL FACILITY EVEN IF PARENTS CANNOT BE REACHED!

Parent Signature / Date

Physician's Signature / Date



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MASSACHUSETTS AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian and reviewed with the camp nurse)

Part 1 of 2

Name of Camper: _____

Parent/Guardian Name: _____

Age of Camper: _____ Sex of Camper: _____ Home Tel: _____

Food/Drug Allergies: _____

Business Tel: _____ Emergency Tel: _____

Diagnosis (relevant to administration of medication) _____

Name of Licensed Prescriber: _____

Business Telephone: _____

Emergency Telephone: _____

Prescription Medication (one per form). Please see other side for over the counter meds:

Name of Medication: _____

Reason for taking Medication: _____

Dose to be given at camp: _____

Route of Administration: _____

Frequency: _____ Date Ordered: _____

Duration of Order: _____ Quantity Received: _____

Expiration of Medications Received: _____

Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (to be sure no drug interactions): _____

I hereby authorize Fencers Club Camp to administer, to my child, _____
the medication listed above.

Parent/Guardian Signature: _____ Date: _____

Received by (signature): _____ Date: _____



Authorization to Prescribe Medication (Part 2 of 2)

Over-the-counter medications:

Check the med and sign below if you would like to give camp nurses/health supervisors permission to administer any of the below medications on an as needed basis at their discretion. The dosage will be according to guidelines listed on the container.

Acetaminophen (Tylenol) for headaches, muscle aches, or fever Y N

Ibuprophen (Advil/Motrin) for i.e. headaches, muscle aches, fever, menstrual cramps Y N

Benadryl (only in case of hives/serious allergic reactions) Y N

Other _____

I hereby authorize Fencers Club Summer Camp to administer the medications circled Y above, to my child,

Parent/Guardian Signature: _____ Date: _____

The following is excerpted from the Massachusetts Department of Public Health's Regulations for Recreational Camps 105 CMR 430.160.

105 CMR 430.160A

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include directions for use.

105 CMR.160 (C)

Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing the list of medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

105 CMR 430.159 C

The health supervisor shall be a Massachusetts licensed physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid. First aid training shall mean at least current certification in American Red Cross Standard First Aid, or its equivalent and CPR.

Please photocopy if you need additional forms.



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WAIVER AND RELEASE LIABILITY FORM

(THIS FORM MUST BE SIGNED BY THE PARTICIPANT, AND ALSO BY A PARENT/GUARDIAN IF THE PARTICIPANT IS UNDER AGE 21)

I, _____ a Participant in the referenced Program, acknowledge that traveling and training at a different facility other than Fencers Club may have risks not known to me or to Fencers Club, its Trustees, Officers, coaches, employees, representatives, agents, or anyone accompanying this Program, or their heirs or estates (collectively referred to hereinafter as "The Club"), which may not be foreseen or reasonably foreseeable by any of us at time or at the time of the travel Program in which I may participate. I knowingly and voluntarily agree to assume any and all risks associated with such travel and training program. In exchange for being permitted to participate in the above Program, I agree to the following:

I, voluntarily and without reservation, and realizing the full legal significance of my action, hereby waive, renounce and release, on behalf of myself, my heirs and my estate, all claims of whatever nature against "The Club" including claims of any injury, loss, damage, accident, delay, irregularity or expense caused by strikes, war, weather and sickness. Further, I accept personal responsibility for any injury (including, but not limited to, personal injury, disability, dismemberment and death), illness, damage, loss, claim, liability or expense, of any kind or nature that I or my property may suffer, and agree to release "The Club" from any liability arising from any such risks.

I assume all risks associated with my participation in the Program including, without limitation, the risk of any negligence or recklessness or failure to act, by other participants or others, and the risk of injury caused by the condition of any property, facilities or equipment used during the Program, and I agree to waive, renounce, and release, on behalf of myself, my heirs and my estate, my claim against "The Club" alleged to be caused by such negligent or reckless actions, or failure to act, or the condition of any property, facilities or equipment used during the travel Program.

It is expressly understood and agreed that "The Club is not providing personal chaperones or supervision with respect to this Program and that I am responsible for my individual conduct, health and safety at all times. I agree to defend, indemnify and hold harmless "The Club" for any and all losses, expenses, claims, judgments and liabilities (including attorneys' fees) of any nature arising out of, or in consequence of, my acts, words, conduct, etc. in connection with the Program including, but not limited to, damage to property, any injuries or death sustained by any person(s). I further understand that nothing stated herein shall relieve me from upholding and supporting the standards covering students as set forth by Fencer Club.

I am in good health, have no physical conditions that affect my ability to travel and/or participate in any of the activities involved in this Program, and have not been advised otherwise by a medical practitioner. In this regard, I have completed an Emergency Contact & Medical Information Form. I acknowledge that personal Health Insurance Plan is mandatory. "The Club" is in no way responsible for any costs or medical care. I also grant to "The Club" full authority to take whatever action it deems is warranted under the circumstances regarding my health or safety in connection with my participation in this Program, including the providing of any emergency first aid, medication, medical treatment, or surgery deemed necessary by medical personnel. This authority will permit "The Club", at its discretion, to place me, at my own expense, in a local hospital for medical services and treatment, or, if no hospital is available, to place me in the hand of a local medical doctor for treatment. "The Club" is further authorized to provide transportation back to my home, at my own (or my parents') expense, for medical treatment if, in consultation with local medical authorities, this is deemed to be necessary. I also authorize medical personnel to execute any documents relating to medical attention and to act on my behalf, if I am unable to do so. I agree that at all times I will follow the directions of "The Club" personnel accompanying the Program in all matters in connection with the Program. "The Club" reserves the right to suspend or terminate my participation in the Program for failure to maintain the standards of Fencers Club or if it be deemed that my acts, words or conduct are detrimental to, or incompatible with, the interests, purpose or welfare of the Program or of "The Club". This suspension or termination will in no way entitle me to a refund for any unused portion of the cost of the Program. This Waiver is a legally binding agreement and will be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall not affect the validity or enforceability of any other provisions.

I have read this document and I understand its content. I understand that by signing below, I have given up substantial rights. I have voluntarily signed this release.

Name of Participant: _____ Signature of Participant: _____

PARENT/GUARDIAN SIGNATURE FOR PARTICIPANTS UNDER 21 YEARS OLD

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____





FENCERS CLUB SCHOOLS PARTNERSHIP PROGRAM AT THE CHILDREN'S STOREFRONT SCHOOL IN HARLEM

[Click on the photo to learn more about The Children's Storefront School](#)

If you would like to make a donation to Fencers Club Schools Partnership Programs, please indicate the amount here: Donation Amount \$_____ Thank you very much!

CAMPER'S STATEMENT OF RESPONSIBILITY

- I understand that minors may not attend the Fencers Club Camp unless a complete physician's exam, including immunization record is received by July 1, 2014.
- I understand that it is my responsibility to bring any special concerns to the Camp Manager's attention at the time of registration.
- I authorize Fencers Club to have, use, publish, and reproduce photographs, slides, moving images, or videotape of my child or me for its public relations efforts. The name will not be mentioned with the photos or videos.
- I grant permission for my child to participate in Fencers Club organized activities including off-campus trips under the supervision of the Camp Manager, approved adults and/or coaches.
- I understand that once an application is accepted by Fencers Club, no refunds or transfer of funds will be made for withdrawal, dismissal, failure to attend, or incomplete attendance.
- I understand that the Executive Director or the Camp Manager reserves the right to dismiss a camper if the camper's behavior interferes with the rights of others, the smooth functioning of the group or activity, or violates the camp's code of conduct.

Name of Fencer: _____ Signature: _____

If under 18, Name of Parent: _____ Signature: _____

Your balance due is \$_____ Payment enclosed: _____ Charge my credit card: \$ _____

Please return all forms with the payment by NO LATER THAN 7/1/2014. Thank you!



Inns and Accommodation near Berkshire School:

Staveleigh House

<http://www.staveleigh.com> 1.800.980.2129

59 Main St., Sheffield, MA

Berkshire 1802 House Bed and Breakfast

<http://www.berkshire1802.com/> 1.413.229.2612

48 S. Main Street, Sheffield, MA 01257

Windflower Inn

<http://www.windflowerinn.com/> 1.413.528.2720

684 S. Egremont Rd., Gt. Barrington, MA 01230

Race Brook Lodge

<http://www.rblodge.com/> 1.413.229.9019

864 South Undermountain Rd. (Rt 41)

Sheffield, MA 01257

