

# FENCERS CLUB

EST. 1883

## SUMMER TRAINING CAMPS – 2017 ATHLETE INFO AND APPLICATION

Fencer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Club: \_\_\_\_\_ Coach: \_\_\_\_\_

Weapon: \_\_\_\_\_ Current Rating/Ranking: \_\_\_\_\_

E-mail (parent/guardian e-mail if under 18): \_\_\_\_\_

Phone (parent/guardian phone if under 18): \_\_\_\_\_

Emergency Contact (if different from above): \_\_\_\_\_

**Please select any and all weeks for which you are applying:**

**FC Youth Development Camp** – weekly camp; 12:00-3:30PM; ages 6-14, beg./int. levels

Fees: FC Members pay \$300/week; non-members pay \$350/week

- Week of July 10-14
- Week of July 17-21
- Week of July 24-28

**FC In-Club Training Camps** – weekly camp, 10AM-4PM, all ages/weapons/levels

Fees: FC Members pay \$500/week; non-members pay \$600/week

- Week of July 31-August 4
- Week of August 7-11
- Week of August 21-25

**FC In-Club Youth Training Camp** – weekly camp, 10AM-4PM, ages 8-14, all weapons/levels

Fees: FC Members pay \$500/week; non-members pay \$600/week

- Week of August 14-18

**FC Pre-Season Training Camp** – weekly camp, 10AM-4PM, all ages/weapons/levels

Fees: FC Members pay \$500/week; non-members pay \$600/week

- Week of August 28-September 1

All camps led by our professional coaches and elite athletes in our state-of-the-art, air-conditioned facility near Penn Station. Full fencing uniform required (rentals available from our on-site Pro Shop). Daily rates also available—please e-mail [info@fencersclub.org](mailto:info@fencersclub.org) with questions.



COMMUNITY OLYMPIC  
DEVELOPMENT PROGRAM  
FENCERS CLUB

229 W 28TH ST, 2ND FL | NEW YORK, NY 10001 | T: 212.807.6947 | F: 212.807.6944

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

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## SUMMER TRAINING CAMPS – 2017

### Credit Card Authorization Form

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

### 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 \$10 per season for non-competitive or \$70 per season for competitive membership. You may register online at <http://www.usfencing.org/membership>

Fencer's Name: \_\_\_\_\_

Type of USA Fencing Membership:      Competitive \_\_\_\_\_      Non-competitive \_\_\_\_\_

USA Fencing Membership #: \_\_\_\_\_



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## WAIVER AND RELEASE LIABILITY FORM

**(THIS FORM MUST BE SIGNED BY THE PARTICIPANT AND, IF UNDER, 18, A PARENT/GUARDIAN)**

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 Fencers 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 Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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