

FENCERS CLUB

EST. 1883

Fencers Club is a 501(c)(3) not-for-profit organization dedicated to the pursuit of excellence through the sport of fencing. We actively support a culture of sharing by performing community services that extend beyond fencing.

Thank you for your interest in the 2019 Fencers Club Summer Sabre Training Camp. The camp will take place in our 10,000 ft² air-conditioned facility in Chelsea and will be run by our master coaches, Dmitry Ronzhin and Akhi Spencer-El. Many of our elite sabre fencers will be training along side every camper enrolled in this weekly camp.

Please check:

_____ Week 1, Monday, 8/5/2019 to Friday, 8/9/2019

_____ Week 2, Monday, 8/12/2019 to Friday, 8/16/2019

Daily Schedule

10:00 am – 12:30 pm: Footwork, Drills, Physical Conditioning

12:30 pm – 1:30 pm: Lunch – bring your own. We can keep it in the fridge for you.

1:35 pm – 4:00 pm: Targeted practice, Supervised bouting

4:00 pm – 7:00 pm: Optional lessons, to be arranged with coaches, at member rate

Fees

Weekly camp rate: 500 for members, 600 for non-members

Daily camp rate: 125/day for members, 135/day for non-members

10% surcharge for registering after 7/31/2019.

USFA membership required

Please return this form to info@fencersclub.org or by mail.

Name: _____ Age (if under 18): ____M____F____

Parent/Guardian Name (if under 18): _____

Parent/Guardian Signature (if under 18): _____

Address: _____

Email: _____ Tel: _____

Years fencing: _____ Club: _____ Coach: _____

Goals for the camp: _____

Amount enclosed: _____ Credit Card Payment: See attached



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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Liability Release & Parental Consent

NAME: _____ DATE: _____

AGE: _____

EMAIL: _____

PARENT'S NAMES (if applicable): _____

PARENT'S EMAILS (if applicable): _____

HOME PHONE: _____

BUSINESS PHONE (if applicable): _____

EMERGENCY CONTACT: _____ PHONE: _____

ALLERGIES: _____

HEALTH INSURANCE PROVIDER: _____ PHONE: _____

POLICY NUMBER: _____ PHONE: _____

Parental Consent & Release from Liability (if under 18)

I, _____, hereby authorize organizers, their agents, and their representatives to seek emergency medical attention for my child, _____ while in their custody. While I understand organizers will attempt to contact me, I agree the organizers shall be in no way responsible for the outcome of such medical treatment and hereby release them of all liability.

Signed: _____ DATE: _____

Print Name: _____



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Fencers Club Safety Rules & Waiver

Wear Mask	<ol style="list-style-type: none">1) ALWAYS WEARE A MASK if you are fencing or ON A STRIP NEXT TO FENCERS.2) NEVER DEMONSTRATE A MOVE UNLESS BOTH YOU AND YOUR PARTNER ARE WEARING MASKS. THIS WILL BE GROUNDS FOR BEING ASKED TO LEAVE THE CLUB FOR THE DAY.3) Beginning fencers IN A CLASS must get permission from THEIR COACH before REMOVING their masks.4) All group classes must have masks on BEFORE PICKING up WEAPONS. To finish, PUT WEAPONS down, then REMOVE masks.5) AS YOU GAIN EXPERIENCE, YOU WILL LEARN TO HANDLE BOTH WEAPON AND MASK CORRECLY IN ORDER TO SALUTE YOUR OPPONENT BEFORE A BOUT OR YOUR COACH BEFORE A LESSON.
Listen to the Coach	<ol style="list-style-type: none">1) In all group classes, fencers must have their eyes on the coach when he is taking (so the coach knows you are paying attention).2) Fencers must attempt all skills, as instructed by a coach. A part of all fencing technique is safety. Even if you are not good at the technique, if you try to execute the skill, the way the coach instructs you to – you will be safe.
Eyes Open	<ol style="list-style-type: none">1) Before moving around the fencing floor, you must look to see where everyone is and take a route that keeps you out of the way of the fencers, remembering that the fencers USUALLY move VERY FAST AND ESPECIALLY, PAY ATTENTION ONLY TO THEIR OPPONENT NOT TO BY-STANDERS.2) NEVER WALK ACROSS A FENCING STRIP BEING USED BY TWO FENCERS.3) Your drilling or fencing partner cannot see behind HIM/HER. You need to stop THE BOUT and warn HIM OR HER if there is AN OBSTRUCTION behind them – I.E., A BENCH, a wall, a person, OR equipment.
Proper Equipment	<ol style="list-style-type: none">1) YOU MUST WEAR A FULL FENCING UNIFORM CONSISTING OF APPROVED mask, jacket, plastron OR UNDERARM PROTECTOR, knickers, AND GLOVE. MEN SHOULD WEAR A PROTECTIVE CUP AND WOMEN A CHEST PROTECTOR.2) ABSOLUTELY FORBIDDEN ARE SHORTS, JEANS, OR SWEATPANTS OF ANY SORT.3) Athletic shoes with non-marking soles.4) For beginning classes, rental equipment and a glove (to cover your fencing hand) are available and must be worn.5) Uniforms must be kept in clean and safe condition. Experienced members can show you how to take care for your electric vest & mask.
Physically Ready	<ol style="list-style-type: none">1) Warm up. It is the fencer's responsibility to warm up. Come early to make sure you are adequately warmed up to fence.2) If you have any medical conditions, see your doctor first. The Fencers Club makes no representation about being able to give medical advice.3) Do not fence if there is a medication issue that will cause you to have trouble focusing and/or staying alert.
Improper Movement	<ol style="list-style-type: none">1) No Running (EXCEPT IN CLASS EXERCISE) AND NO Horseplay. 2) No hard hitting on purpose AND, ESPECIALLY, No retaliation. 3) No Walking while holding YOUR WEAPON up in the air. 4) WHEN MOVING ACROSS THE FLOOR, ALWAYS CARRY YOUR WEAPON BY THE TIP, AND THE HANDLE TOWARD THE FLOOR; THIS IS TO ENSURE THAT YOUR TIP IS NOT ENDANGERING ANYONE. 5) If you see a breach of safety or improper behavior, please bring it to the attention of a coach or FC staff member ASAP.

Camper's Name: _____ Parent's/Guardian's Name, if applicable: _____

I verify that I have read, understand and agree to be bound by the safety rules at the Fencers Club. Furthermore, I understand that as in any athletic activity, there is a risk for injury from fencing and I (or my child) accept the risk willingly. I hereby release the Fencers Club and all employees herein from all responsibility for injuries incurred at the Fencers Club and authorize the Fencers Club to request medical treatment as necessary.

Camper's Name: _____ Parent's/Guardian's Name, if applicable: _____



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Credit Card Authorization Form

Name:		
Service:		
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"/>)	
Amount to Charge:		
Date to Charge:		

By signing below, I hereby authorize Fencers Club to charge the credit card listed above for the amount and purpose specified.

Name: _____

Signature: _____ **Date:** _____



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