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.

12th Annual
2020 Summer Fencing Training Camp

The Masters School

August 16-23, 2020

Complete Camp Registration Forms

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11/1/2019

Dear Fencers,

We thank you for participating in our 12th-annual summer training camp! We look forward to working together to meet your fencing goals and enjoying the beautiful campus of the Masters School. 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
- 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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2020 Summer Fencing Training Camp Information

August 16-23, 2020

Location: The Masters School, 49 Clinton Avenue, Dobbs Ferry, NY 10522, Tel: (914) 479-6400
http://www.mastersny.org

The Masters School campus is located in the scenic town of Dobbs Ferry, only 12 miles away from New York City. This provides a wide open space for fencers while still being relatively close to New York City. There are additional local attractions near campus.

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

FACILITIES, ACCOMMODATIONS & PERKS:

- State-of-the-art, brand new fencing facility
- Large gym for additional training
- Olympic-size swimming pool
- Three daily fencing and conditioning sessions
- Fencing video analysis for each weapon
- Outdoor quarter-mile track
- Soccer field, cross country training course, tennis courts
- Maximum fencer-coach/counselor ratio of 7:1
- Spacious rooms
- Each dorm comes with a fully equipped and stocked kitchen and laundry facilities
- Full American breakfast, lunch, healthy afternoon snack and hearty dinner
- Every camper will receive the famous Fencers Club Training Camp T-shirt
- Absolutely awesome counselors' practice after dinner
- Camp-wide tournament on Saturday, August 22, 2020. Parents are welcome.

FENCERS CLUB COACHES:

- **Epee:** Alexey Cheremsky, Kornel Udvarhelyi, Boris Vaksman
- **Foil:** Jed Dupree, Simon Gershon, Irene Gershon, Sean McClain, Alex Martin, Mikhail Petin,

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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2020 Fencers Club Training Camp Sample Schedule

8/16/2020 – FIRST DAY
9:00 am Charter bus leaves from FC
10:30 am Arrival at Masters School
12:00 noon -1:00 pm lunch/group orientation (parents welcome)
2:00 pm-5:30 pm First practice
6:00 to 7:00 dinner
7:00 to 8:00 rest
8:00 to 9:30 evening practice
9:30 snack, meeting, bed

8/17/2020 to 8/21/2020
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
- Strengthening and conditioning

9:30 snack, meeting, bed

8/22/2020 – TOURNAMENT DAY
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

8/23/2020 – LAST DAY
7:30-8:00 morning practice
8:00-9:00 breakfast
9:30-12:30 practice
12:30-1:30 lunch
2:00 Charter bus leaves for Fencers Club
3:30 Campers are dismissed from FC

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

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Fencers Club 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.

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 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, double room	$1,650	$1,750
Day Camp Fees (includes all meals and snack)		
Cost of the complete camp (9AM to 9PM)	$1,250	$1,350
Pro-rated daily cost	$250	$250
Private Lesson Fees	**FC Member**	**Non-Member**
	Pay your coach	80

*Non-member siblings may register at FC Member rate. $200 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 7/1/2020. There will be a surcharge of 10% for all applications received after 7/1/2020. After 7/15/2020, it is up to the discretion of Fencers Club whether an applicant will be accepted to the camp. Register before 3/31/2020 to receive one free FC Training Camp hoodie of your choice.

We will be chartering a bus for transportation. The bus will leave from Fencers Club at 9:00AM on Sunday, August 16th and return to FC on Sunday, August 23rd. The cost of the transportation will be $50 each way and is non-refundable. If not taking the bus, please note that you are expected to be at The Masters School between 9:30AM to 10:30AM. **Please go directly to the gym** where our Camp Manager and counselors will be there to greet and check in campers. Group orientation will take place at 12:00PM at lunch.

Fencer's Name:_____

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

If yes, please check one of the following options: Round-trip _____ To camp _____ From Camp _____

Arrival Date: _____ Departure Date: _____

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

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Fencers Club Training Camp Payment/CC Authorization Form

Camp Payment: A non-refundable deposit of $750 is required at the time of registration. Balance due in full by 7/1/2020. There will be a surcharge of 10% for all applications received after 7/1/2020. After 7/15/2020, it is up to the discretion of Fencers Club whether an applicant will be accepted to the camp.

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 ( ) Master ( ) Amex ( ) Discover ( )	
Amount to Charge		

Register before 3/31/2020 to receive one free FC Training 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.

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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"). If you do not have a USA Fencing Membership, you may purchase a non-competitive membership to USA Fencing through us for an additional $15 or you may purchase a competitive membership for $70 on the USA Fencing Website (usafencing.org).

Fencer's Name: _____

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

USA Fencing Membership #: _____

Purchasing non-competitive membership through Fencers Club Yes _____ No _____

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:_____

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Fencers Club 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 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
- Linens, pillow, bath towel and hand towel
- Sandals
- Sunscreen, bug repellent
- Small backpack
- Swimming trunks/bathing suit
- Small fan

Optional items:

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

There are coin operated washers & 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 (or attach immunization records)
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 if a minor)

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**

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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: _____

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FENCERS CLUB SCHOOLS PARTNERSHIP PROGRAM

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, 2018.
- 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 7/1/2020. Thank you!