

# FENCERS CLUB

EST. 1883

## 2025 Summer Day Camp Registration

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Parent Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check below which week(s) you would like to enroll:

- Week 1: 7/14-7/18 \_\_\_\_\_
  - Week 2: 7/21-7/25 \_\_\_\_\_
  - Week 3: 7/28-8/1 \_\_\_\_\_
- Camp Fees:**
- Full day camp (9:00-4:00): \$750/week
  - Half day only (9:00-1:30 or 12:00-4:00): 50% off
  - Daily: \$175

Check this box if registering for HALF DAY ONLY 10:00 - 12:30 or 1:15 - 4:00 (circle one)

### CAMP SCHEDULE

10:00AM-12:30AM - Beginner Fencing Sessions

Fridays also include:

12:30PM-1:15PM - Lunch and games

Pizza for lunch

1:15PM-4:00PM - Beginner/Intermediate  
Fencing Sessions

Camp competition

This application should be completed and sent with a \$200 per week\* non-refundable deposit to Fencers Club, 20 W. 33rd Street, New York, NY 10001. The balance must be paid in full on or before June 30, 2025. This enrollment contract is binding if not canceled before June 30, 2025. Please note that there will be no deductions or refunds for absence, withdrawal or dismissal. After June 30, the total amount paid is non-refundable. Enrollment after June 30 is based on space availability. Fencers Club has the right to ask the student to leave if there are irreconcilable behavioral issues.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## Summer Day Camp Payment/CC Authorization Form

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

### Camp Payment:

A \$200 per week, per fencer non-refundable deposit is due to Fencers Club at the time of registration. The balance must be paid in full on or before June 30, 2025. This enrollment contract is binding if not canceled before June 30, 2024. Please note that there will be no deductions or refunds for absence, withdrawal or dismissal. After June 30, the total amount paid is non-refundable. Enrollment after June 30 is based on space availability. Fencers Club has the right to ask the student to leave if there are irreconcilable behavioral issues.

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

*Fencers Club has my permission to charge my credit card above as stated.*

Authorized Credit Card Holder's Name: \_\_\_\_\_

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

- \*Check if you are requesting a need-based scholarship. If this box is checked, please submit a non-refundable deposit of \$50 to be considered for need-based scholarship. Upon receipt of your application, we will confirm by email and a complete need-based scholarship application packet will be e-mailed to you.

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## 2025 Fencers Club Day Camp Health History Form

To be completed by a parent

Camper Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Additional Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact** (if parent cannot be reached):

Name \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH HISTORY** (please put N/A if not applicable)

**Allergies/Diseases:**

Ear infections \_\_\_\_\_ Hay Fever \_\_\_\_\_ Chicken Pox \_\_\_\_\_  
Rheumatic fever \_\_\_\_\_ Poison Ivy, etc. \_\_\_\_\_ Measles \_\_\_\_\_ Convulsion \_\_\_\_\_  
Insect Stings \_\_\_\_\_ German Measles \_\_\_\_\_ Diabetes \_\_\_\_\_ Penicillin \_\_\_\_\_  
Mumps \_\_\_\_\_ Behavior \_\_\_\_\_ Other drugs \_\_\_\_\_  
Other Contagious Illnesses \_\_\_\_\_ Other Past Illnesses \_\_\_\_\_  
Operations &/or Serious Injuries (dates) \_\_\_\_\_  
Hospitalizations (dates) \_\_\_\_\_  
Chronic Illness \_\_\_\_\_  
Conditions that require activity to be restricted \_\_\_\_\_  
Appliances(s) worn (glasses, contacts, etc) \_\_\_\_\_  
Medication Taken \_\_\_\_\_

**PERMISSION TO ADMINISTER MEDICATION** (please check which medication may be administered)

*\*Send medications in original pharmacy bottle\**

_____ Tylenol	_____ Asthma medication*	_____ EPIPEN JR(for anaphylaxis)
_____ TUMS	Type _____	
_____ Ibuprofen		
_____ Sudafed	Dose _____	_____ EPIPEN(for anaphylaxis)
_____ Robitussin		
_____ Robitussin		

### CONSENT FOR RELEASE OF MEDICAL INFORMATION AND EMERGENCY TREATMENT

Medical information will be shared as appropriate, with involved camp staff. In case of an emergency every attempt will be made to reach the parent/guardian and physician immediately. In the even I cannot be reached in an EMERGENCY, I give permission to FC Day Camp to take my child to the nearest medical facility for emergency treatment

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## PHYSICAL EXAMINATION: Physician's Form

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

CAMPER'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

### IMMUNIZATION HISTORY (or attach appropriate official 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 a licensed physician. Examination is acceptable when performed no more than 12 months prior to the start of camp. May attach another sheet/form if necessary .

*Physician Code to Use: S = Satisfactory X = Not satisfactory (Explain) O = Not examined*

General Appearance \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Blood Pressure \_\_\_\_\_ Hgb (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 \_\_\_\_\_  
Allergy? (Please specify) \_\_\_\_\_

### Recommendation and restrictions while in camp: (put N/A if not applicable)

Special Diet \_\_\_\_\_

Special medicine by name \_\_\_\_\_

Is parent/guardian sending special medicine? \_\_\_\_\_

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 Day 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

*To be completed by parent/guardian*

### AUTHORIZATION FOR EMERGENCY TREATMENT for KNOWN Life Threatening Allergies

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Allergic to: \_\_\_\_\_

If you suspect that a food allergen has been ingested (or insect sting), immediately determine the symptoms and treat the reaction as follows:

#### 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
General: Panic, sudden fatigue, chills, fear of impending doom	( ) 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 doses may be needed.

#### ADDITIONAL CONTACT INFORMATION:

Allergist Name \_\_\_\_\_ Phone \_\_\_\_\_

Pediatrician Name \_\_\_\_\_ Phone \_\_\_\_\_

#### Parent Name (other contacts) and Contact Numbers:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

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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## AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER - PART I

*To be completed by parent/guardian*

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 Licenses Prescriber: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Prescription Medication (one per form). Please see below for OTC medications:

Name of Medication: \_\_\_\_\_

Reason for taking medication: \_\_\_\_\_

Dose to be given at camp: \_\_\_\_\_

Route of administration: \_\_\_\_\_

Frequency: \_\_\_\_\_ Date ordered: \_\_\_\_\_

Expiration of medications received: \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

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

Possible Side Effects/Adverse Reactions: \_\_\_\_\_

Other medications: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

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## Authorization to Prescribe Medication - Part II

### 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	Yes ( ) No ( )
Ibuprofen (Advil/Motrin) for headache, muscle aches, fever, menstrual cramps, etc.	Yes ( ) No ( )
Benadryl (only in case of hives/serious allergic reactions)	Yes ( ) No ( )
Other _____	

I hereby authorize Fencers Club Summer Day Camp to administer the medications checked "Yes" above, to my child, \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 or 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.

**Please photocopy if you need additional forms.**

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## SAFETY RULES AND LIABILITY WAIVER

### **WEAR A MASK**

ALWAYS WEAR A MASK if you are fencing or ON A STRIP NEXT TO FENCERS. 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. Beginning fencers IN A CLASS must get permission from THEIR COACH before REMOVING their masks. All group classes must have masks on BEFORE PICKING UP WEAPONS. To finish, PUT WEAPONS DOWN, THEN REMOVED MASKS. 5) AS YOU GAIN EXPERIENCE YOU WILL LEARN TO HANDLE BOTH WEAPON AND MASK CORRECTLY IN ORDER TO SALUTE YOUR OPPONENT BEFORE A BOUT OR YOUR COACH BEFORE A LESSON.

### **LISTEN TO THE COACH**

In all group classes, fencers must have their eyes on the coach when he/she is talking (so the coach knows you are paying attention). 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**

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). NEVER WALK ACROSS A FENCING STRING BEING USED BY TWO FENCERS. 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**

YOU MUST WEAR A FULL FENCING UNIFORM consisting of approved plastron or underarm protector, knickers, and glove. Men should wear a protective cup and women a chest protector. ABSOLUTELY FORBIDDEN ARE SHORTS, JEANS OR SWEATPANTS OF ANY SORT. Athletic shoes with non-marking soles are required. For beginning classes, rental equipment and a glove (to cover your fencing hand) are available and must be worn. Uniforms must be kept in clean and safe condition. Experienced members can show you how to care for your lame and mask.

### **PHYSICALLY READY**

Warm up to fence. If you have any medical conditions, see your doctor first. The Fencers Club makes no representation about being able to give medical advice. Do not fence if there is a medication issue that will cause you to have trouble focusing and/or staying alert.

### **IMPROPER MOVEMENT**

No running (except in class exercise) and no horseplay. No hard hitting on purpose and, especially, no retaliation. No walking while holding your weapon up in the air. 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. If you see a breach of safety or improper behavior, please bring it to the attention of a coach or FC staff member ASAP.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

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.

\_\_\_\_\_  
Parent/Guardian Signature and Date



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**Photo Release:** I agree that Fencers Club may use photographs of my child without the name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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Parent/Guardian Signature and Date

## CAMPER'S STATEMENT OF RESPONSIBILITY

- I understand that minors may not attend the Fencers Club Camp unless a complete physician's exam, including immunization records is received by July 1, 2025.
- 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 understand that once Fencers Club accepts an application, 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:

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Name of Parent:

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

**Please return all forms with the payment by NO LATER THAN 6/30/2025. Thank you!**