

# Fencing Sports Academy

7031 Crider Road, Suite 250

Mars, PA 16046

724-625-2020 www.fencingsportsacademy.com



## 2015 Summer Fencing Camps Application

DESCRIPTION	SESSION	DATES AND TIMES
Beginner	B1	Monday June 22 <sup>nd</sup> - Friday June 26 <sup>th</sup> (9 a.m. to 1 p.m.)
Beginner	B2	Monday July 20 <sup>th</sup> - Friday July 24 <sup>th</sup> (9 a.m. to 1 p.m.)
Beginner	B3	Monday August 3 <sup>rd</sup> - Friday August 7 <sup>th</sup> (9 a.m. to 1 p.m.)
Intermediate	I4	Monday August 10 <sup>th</sup> - Friday August 14 <sup>th</sup> (9 a.m. to 1 p.m.)

(Beginner = Has not Fenced Before, Intermediate = Attended Previous Beginner Camp or Class)

- Open to students from ages 8-18
- Top level coaches
- Modern and safe equipment included
- Competitive and fun atmosphere
- Camp T-shirt included
- Daily snack and beverages
- Tuition: \$199 (\$100 for FSAI Members)

Please send Tuition and Registration to address above. Make Checks Payable to: **Fencing Sports Academy, Intl.**

(Cut here and send this portion with Tuition)



### Summer Camps 2015

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Session: \_\_\_\_\_ Start Date: \_\_\_\_\_ Camp Time: \_\_\_\_\_ Fencer Age: \_\_\_\_\_ Fencer Birth Date: \_\_\_\_\_

Fencer Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Cell Phone Number for Text Messages: \_\_\_\_\_ Cell Phone Service Provider: \_\_\_\_\_

Email (that is reviewed regularly): \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

Left/Right Handed? \_\_\_ Male/Female? \_\_\_ Fenced Before? \_\_\_ Medical Conditions: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_ Other Sports Played: \_\_\_\_\_

How did you hear about Fencing Sports Academy? \_\_\_\_\_

My child's picture may be used in a **Fencing Sports Academy Intl.** Ad, Brochure, or on its Webpage: Yes \_\_\_ No \_\_\_

### Consent to Treatment, Limitation and Waiver Liability

I (we) on behalf of \_\_\_\_\_ (Fencer's Name) do hereby agree to waive all liability of Fencing Sports Academy, Intl. LLC and Staff for any accident, illness, or injury, or mishap that might befall the above mentioned fencer while traveling to or from his/her attendance at Fencing Sports Academy, Intl. Further, I/we hereby grant permission to the staff and any medical or surgical consultant deemed advisable, and to any hospital to render to the above-mentioned participant any medical or surgical treatment that they deem necessary. I/We understand that all possible effort will be made to inform me/us in case of such treatment. Fencing Sports Academy reserves the right to send a fencer home if the need arises.

x

Signature of Fencer (Parent or Guardian if fencer is under 18 years of age)

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