

# Summer Fencing Camp June 23 – 27, 2009

## Application Form

**Date of Camp:** June 23 – 27, 2009

**Location:** JW Middle School, Princeton, NJ

Name \_\_\_\_\_ M\_\_\_ F\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Club or School \_\_\_\_\_ Coach \_\_\_\_\_

Weapon: Foil \_\_\_\_\_ Epee \_\_\_\_\_ Saber \_\_\_\_\_ Rating \_\_\_\_\_

Which training group do you think would serve you best (check one)

Beginner/Novice \_\_\_\_\_ Intermediate/Advanced \_\_\_\_\_ Elite \_\_\_\_\_

## Consent for Treatment

Further, I hereby grant permission to present student for medical care from any doctor or medical facility, at his/her cost, if reasonably determined necessary.

Medical conditions we should be aware of \_\_\_\_\_

Medical Insurance Carrier and Policy# \_\_\_\_\_  
(please include a photo copy of your medical card with your registration)

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

## Emergency Information

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_

## Payment

Payment of \$499.00 to be received by **May 22, 2009**. Make check payable to:

Lucchetti Fencing USA  
66 Witherspoon Street, PMB 161  
Princeton, NJ 08524  
Phone #: 609-647-6991

## Waiver

I hereby waive and release all rights and claims for damages I may have against The Princeton Family YMCA, Lucchetti Fencing USA, Princeton/Hillsborough YMCA Fencing Club, the USFA, the officials, managers, sponsors and other participants from any and all liabilities arising from illness, losses, injuries or damages I may suffer as a result of my participation in this summer camp. I understand that participation in the sport of fencing carries a risk to me of serious injury. I attest and verify that I am physically fit and prepared for strenuous physical activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian if under 18)