

SUMMER CAMP EUROPEAN STYLE! APPLICATION FORM

Complete both sides of this form. Mail with \$175 deposit to:

Fencing Institute of Texas

11482 Luna Road, Suite 100

Farmers Branch, Texas 75234-9420

by **2 May 2014** After deadline, call for space availability.

Fencer's name: _____

Address: _____

Telephone Numbers: _____

E-mail address: _____ Club: _____

Age: _____ Gender: _____ How long have you fenced? _____ Coach: _____

USFA Ratings (if any): Epee: _____ Foil: _____ Sabre: _____

Roommate preference: _____

Your goal(s) for this camp: _____

Airline Arrival information: _____ Airline Departure information: _____

Total camp fee: **\$675.00**

A non-refundable deposit of **\$200** must accompany this application form. If full payment is made before April 4, cost is \$650.00. Reservations made after **May 2** are not guaranteed—call for space availability. A \$25.00 processing fee due on all credit card payments. After May 2, cost is \$750 and subject to availability. Your registration is not complete until we have received these forms. FAX to (817) 782-5957; scan and email to: info@fenceintexas.org; or mail to Fencing Institute of TX.

AUTHORIZATION FOR CREDIT CARD PAYMENT

I hereby authorize Fencing Institute of Texas, Inc. to charge the below referenced credit card account a one-time amount of _____ . (Include \$25 processing fee in addition to cost of camp!)
The information below must match that which the credit card issuer has on file for that card.

PRINT Card Holder Name: _____ Email Address: _____

Billing address: _____ City/State: _____ Zip Code: _____

Type of Card: Visa Master Card Discover Card No.: _____ Exp. Date: _____

Signature: _____ Date signed: _____

Paying by CHECK OR MONEY ORDER, mail payment to:

FENCING INSTITUTE OF TEXAS, INC.

11482 Luna Road, Suite 100

Farmers Branch, TX 75234-4111

Fencers will need some extra cash for laundry, snacks and shopping; however, we do not recommend sending more than \$25-30.

TRAINING AUTHORIZATION

Student Fencer's Name (please print): _____ Birth Year: _____

Check One:

- I am an adult student, 18 years or older, and agree to ---
- I am the Parent of the named student (under 18 years of age) and agree to direct my child to --

Cooperate and to conform with directions and instruction of the Fencing Institute of Texas (FIT), activity co-sponsors, and/or their representatives in charge of the activity, with the rules and regulations of the facilities, and all directions given by FIT personnel, activity co-sponsors, and/or their representatives.

All persons participating in these activities are deemed to have waived all claims against Fencing Institute of Texas, Inc., Irving, Texas, and its employees, and the co-sponsoring organization(s) for injury, accident, illness or death occurring during or by reason of the field trip.

I, _____, as a parent or guardian of the above named student, give permission for this student to participate in the program activity. I understand the proposed activity, the mode of transportation, the leadership accompanying the group and all other circumstances relating to this activity. I certify that my child is in good health and can participate in all normal activities of the group.

WAIVER OF LIABILITY: I understand that participation in any sporting activity carries a certain degree of risk for injury. Upon entering this activity, I agree to abide by the current rules and safety regulations of the Fencing Institute of Texas. Failure to follow these rules and regulations will result in expulsion and no refund of fees will be made. Expulsion is at the sole discretion of Fencing Institute of Texas' Board of Directors and the decision may not be appealed. I enter this activity at my own risk and release the Fencing Institute of Texas, its Board of Directors, sponsors, and organizers from any liability. I understand that reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in case of an emergency.

I have read and understand the forgoing statements and agree to assume the responsibility stated and waive all claims.

(Signature of Fencer) (Date) (Signature of Parent or Guardian of Minor) (Date)

Home Phone: _____ Other Phone: _____ of Student (if 18 or older) or Parent/Guardian

Emergency Contact Name: _____ Relationship: _____ Emergency Number: _____

CONSENT FOR MEDICAL TREATMENT

This is to certify that on this date I, _____, give my consent to the Fencing Institute of Texas and its representative to obtain medical care from any licensed physician, hospital or clinic for the above named athlete for any injury or illness that may arise during this activity. **In the event of sickness or accidents, I will not hold the administration or group sponsor responsible. In case of sickness or accident, I authorize the calling of a medical doctor and/or providing of other necessary medical services. I agree to pay for those medical services that are deemed necessary by medical authorities.**

(Signature of Fencer) (Date) (Signature of Parent or Guardian of Minor) (Date)

Does your child have an unusual medical condition(s)/reaction(s) that would require immediate medical attention? **Yes No**

Please explain _____ Emergency Procedures to follow if necessary: _____

List any known allergies to food or drugs: _____

Limiting physical conditions (e.g., asthma): _____

Current medications: _____

Other information for emergency or medical staff: _____

INSURANCE INFORMATION

	Primary Insurance Information	Secondary Insurance Information
Name of Carrier		
Name of Policy Holder		
Address of Carrier		
Policy Number		

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**FENCING INSTITUTE
OF TEXAS**
11482 Luna Road
Suite 100
Farmers Branch, TX 75234-9420

**Registration due
May 2, 2014**

After deadline, call for space availability.