

SUMMER DAY CAMP APPLICATION FORM

Complete this application and the training authorization form. Mail both with deposit to:
Fencing Institute of Texas, 11482 Luna Rd., Suite 100, Farmers Branch, Texas 75234-9420 by deadline

After deadline, call for space availability.

Fencer's Name:			
Parent or Legal Guardian Name:		Contact Telephone Number:	
Address:	City:	State:	Zip Code:
Home Phone:	Cell Phone:		Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Year:	Other Emergency No.:	Name:

Have you ever fenced? Yes No Where? _____
How long? _____ Weapon(s): _____

USFA Ratings: _____ Have you ever attended a fencing camp? Yes No

Your goal(s) for this camp: _____

Fees

Length of Camp	Non-FIT Fencers	FIT Fencers
Full Camp (5 days) 8:30 am—4:00 pm	\$285	\$230
Early pick-up/drop-off additional fee	\$10/day	\$10/day
Fees listed include a non-refundable \$75 deposit (refund is permitted if a camp is cancelled by FIT).		

FIT reserves the right to cancel a camp if 6 or more fencers do not pre-register. (In this instance, the deposit will be refunded.)

If you miss a registration deadline, please contact us for availability, space is limited.

Complete the application and training authorization forms, include a \$75 deposit per camp, and mail or bring to:

FENCING INSTITUTE OF TEXAS
11482 Luna Road, Suite 100
Farmers Branch, TX 75234-9420
(972) 444-8498

I need early drop off at _____ AM at \$10/day

I need late pick up at _____ PM at \$10/day

I am registering for the following session(s):	\$75 Deposit per session due:
<input type="checkbox"/> June 9-13	May 30
<input type="checkbox"/> June 16-20	June 6
<input type="checkbox"/> June 23-27	June 13
<input type="checkbox"/> July 7-11	June 27
<input type="checkbox"/> July 14-18	July 3
<input type="checkbox"/> July 21-25	July 11
<input type="checkbox"/> July 28 - August 1	July 18
<input type="checkbox"/> August 4-8	July 25
<input type="checkbox"/> August 11-15	August 1

Attendees will receive morning and afternoon snacks and hot lunch at FIT from J's Deli. Fencers should bring their own MARKED WATERBOTTLE.

Fencers who have their own equipment should bring it; equipment will be provided at no extra charge for those who do not have their own. Fencers should bring extra t-shirts.

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	Complete the application and training authorization forms and return both with your \$75/camp deposit to: FENCING INSTITUTE OF TEXAS 11482 Luna Road, Suite 100 Farmers Branch, TX 75234-9420 If after registration deadline, please call for space availability.
Name of Carrier			
Name of Policy Holder			
Address of Carrier			
Policy Number			

The Fencing Institute offers payment through automatic credit card or automatic electronic bank drafting services.

APPLICATION FOR (Camper): _____ **Date of Request:** _____

CREDIT CARD AUTHORIZATION

I hereby authorize Fencing Institute of Texas, Inc. to charge the below referenced credit card account a one-time amount of \$ _____.

Your telephone number: _____

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 AUTHORIZATION

Signature

Date

BANK DRAFT AUTHORIZATION

I hereby authorize Fencing Institute of Texas, Inc. to initiate one automatic withdrawal in the amount of: \$ _____ via electronic fund transfer entries ("Entries") by means of the Automated Clearing House ("ACH") from the account listed below. I understand and agree to abide by the Operating Rules of the National Automated Clearing House Association ("NACHA") in existence as of the date of this Agreement and as amended from time to time (the "Rules") which govern all such transactions. I acknowledge that no Entries may be made that violate the Rules or the laws of the United States. I agree to indemnify the Originating Depository Institution ("ODFI") and any third party service providers involved in processing Entries made hereunder against all claim, demand, loss, liability, or expense including attorney's fees and costs that result directly or indirectly from my 1) failure to follow the Rules or 2) violations of law.

PRINT **Account Holder** Name: _____

Email Address: _____

Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

SIGNATURE AUTHORIZATION

Signature

Date



Scan and Email to: info@fenceintexas.org

Or mail to: Fencing Institute of Texas, 11482 Luna Road, Suite 100, Farmers Branch, TX 75234
You will receive an email confirmation when your request is received and again from World Pay Linksys when your credit card is charged.

Brenda Waddoups, President
Fencing Institute of Texas, Inc.