

# Beginner to Intermediate Fencers

Ages 10-16

## Summer Day Camps

Select Camp

<input type="checkbox"/>	June 24-28, 9:30-3:30	<input type="checkbox"/> Early drop off	<input type="checkbox"/> Early pick up	Deposit due 6/14
<input type="checkbox"/>	July 8-12, 9:30-3:30	<input type="checkbox"/> Early drop off	<input type="checkbox"/> Early pick up	Deposit due 6/28
<input type="checkbox"/>	July 15-19 9:30-3:30	<input type="checkbox"/> Early drop off	<input type="checkbox"/> Early pick up	Deposit due 7/6
<input type="checkbox"/>	July 22-26 9:30-3:30	<input type="checkbox"/> Early drop off	<input type="checkbox"/> Early pick up	Deposit due 7/12
<input type="checkbox"/>	Jul 29-Aug 2 9 9:30-3:30	<input type="checkbox"/> Early drop off	<input type="checkbox"/> Early pick up	Deposit due 7/19
<input type="checkbox"/>	August 5-9 9:30-3:30	<input type="checkbox"/> Early drop off	<input type="checkbox"/> Early pick up	Deposit due 7/26

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

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

Email Address: \_\_\_\_\_ USA Fencing Member Number: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Have they attended a fencing camp or classes before?  Yes  No Where? \_\_\_\_\_

**LUNCH IS NOT PROVIDED.** Campers should bring a sack lunch and water bottle. Snacks will be provided. Campers should wear sweat pants or shorts with long socks (the entire leg must be covered during practice), t-shirt and tennis shoes. An extra t-shirt should be brought to change into after practice. All fencing equipment will be provided. Fencers are required by the US Fencing Association to join the organization as non-competitive members (\$10 paid to the USFA, done online at [www.usafencing.org](http://www.usafencing.org)).

**Space is limited to 15 fencers per camp. FIT reserves the right to cancel any camp that does not have at least 6 preregistered. In the event not enough campers register by the FRIDAY BEFORE CAMP STARTS, the camp will be canceled and the deposit will be refunded.**

### FEES:

\$275 for non-FIT fencers      \$225 for FIT fencers currently enrolled      \$225 for students in subsequent camps

\$100 nonrefundable deposit due by deadline; remainder due on first day of camp

\$25 Early drop off fee/week      \$25 Late pickup fee/week

Students may be dropped off at 8 am and must be picked up by 5 pm

**We take checks, Visa and MasterCard**

**Fencers must follow all rules and regulations for USA Fencing, FIT Board of Directors, and the FIT Club regarding safety and athlete conduct. Fencers in violation will be asked to leave and no refund given.**

# Fencing Institute of Texas, Inc. Application for Summer Day Camp

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone No.: \_\_\_\_\_ Emergency Telephone No: \_\_\_\_\_  
Name of Emergency Point of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Other Contact Person and Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**SELECT CAMP: All camps are 9:30 am – 3:30 pm**

- June 24-28       July 8-12       July 15-19       July 22-26  
 June 22-26       July 29-Aug 2       August 5-9  
 Early drop off is requested at \_\_\_\_\_ (time) Extra \$25/per week  
 Late pickup is requested at \_\_\_\_\_ (time) Extra \$25/week

**LUNCH IS NOT PROVIDED.** Campers should bring a sack lunch and water bottle. Snacks will be provided. Campers should wear sweat pants or shorts with long socks (the entire leg must be covered during practice), t-shirt and tennis shoes. An extra t-shirt should be brought to change into after practice. All fencing equipment will be provided. Fencers attending more than one camp are required by the US Fencing Association to join the organization as supporting members (\$10 paid to the USFA, done online at [usfencing.org](http://usfencing.org)).

## SPECIAL INSTRUCTIONS FOR COACH:

Does your child have any allergies or unusual medical conditions that may require immediate medical attention:

No       Yes: \_\_\_\_\_

Procedures to follow: \_\_\_\_\_

Limiting physical conditions: \_\_\_\_\_

Other information for Emergency Medical Staff: \_\_\_\_\_

**Space is limited to 15 campers per session. To ensure space available, a deposit is required. Please make a separate application for each fencer and for each camp requested. We require a minimum of 6 campers per session. In the event not enough campers register by the FRIDAY BEFORE CAMP STARTS, the camp will be canceled and the deposit will be refunded.**

## FEES:

- \$275 full camp fee non-FIT fencer       \$225 Camp balance due first day of camp (\$275 total) FIT fencer  
 \$100 nonrefundable **deposit due 10 days prior**       \$175 Camp balance due first day of camp (\$275 total) non-FIT fencer  
 FIT fencer\* balance due \$125 (\$225 total)       \$125 balance due for subsequent camps (\$225 total)  
 \$25 Early drop off fee       \$25 Late pickup fee

\* FIT fencers must be currently enrolled in a class or program to receive the and discount

# AUTHORIZATION FOR TRAINING, WAIVER OF LIABILITY AND CONSENT FOR TREATMENT

My child has permission to participate in this activity to the fullest extent. I will instruct my child to cooperate and to conform to 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.

**WAIVER OF LIABILITY:** All persons participating in these activities are deemed to have waived all claims against Fencing Institute of Texas, Inc., Carrollton, Texas, and its employees, and any co-sponsoring organization(s) for injury, accident, illness or death occurring during or by reason of participation in FIT activities. 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' Coaches and/or Board of Directors, and the decision may not be appealed. I enter this activity voluntarily and at my own risk, and release the Fencing Institute of Texas, its Board of Directors, employees, sponsors, and organizers from any liability, claims including attorney's fees and court costs, suits, demands, causes of action which may arise, or are alleged to arise, from the sole negligence or acts or omissions of Fencing Institute of Texas, its officers, agents, employees, or officials. 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.

**RELEASE FORM:** I hereby grant and give permission to Fencing Institute of Texas to use my/my child's photograph or image with or without my or my child's name both singly and in conjunction with other persons or objects for any and all purposes including but not limited to private or public presentations, advertising, publicity or promotion relating to Fencing Institute of Texas activities, without promise, expectation, or receipt of monetary compensation. I further agree to hold Fencing Institute of Texas harmless of and from any and all liability of whatever nature which may result from such use.

I, \_\_\_\_\_ as a parent or guardian of the above-named minor, give permission for this minor to participate in the program activity. I understand the proposed activity and the leadership accompanying the group and all other circumstances relating to this activity.

I have read and understand the forgoing statements and agree to assume the responsibility stated and waive all claims. I certify that (I am/my child is) in good health and can participate in all normal activities of the group. I further certify that I am in sound mental health and fully capable of making this waiver of liability.

**Signature of parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION 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 now or in the future. In the event of sickness or accident, I will not hold the FIT Board of Directors, FIT Employees, 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.

	PRIMARY INSURANCE	SECONDARY INSURANCE
<b>Name of Carrier</b>		
<b>Name of Policy Holder</b>		
<b>Address of Carrier</b>		
<b>Policy Number</b>		

Primary Care Physician Name and Telephone: \_\_\_\_\_

Preferred hospital or medical facility: \_\_\_\_\_

**Signature of parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Fencing is a safe sport if all the safety regulations are followed. However, accidents may happen from time to time. A copy of this document in its entirety will be given to Emergency Medical Staff in the event that your child must be transported to a medical facility.