

CFC 2011 Summer Camp Registration Form

Last Name _____ First Name _____ Age _____ (M) (F)

Address _____

City _____ State _____ Zip _____

Phone # _____ Emergency Phone _____

E-mail Address _____

Camp Hours - 9:30-3:30 daily *Please check the desired camp*

Beginner Foil Camp 7/18/11 – 7/22/11 \$395 CFC Member \$425 Non-member

Competitive Foil Camp 7/25/11 - 7/29/11 \$395 CFC Member \$425 Non-member

If less than a 5 day session – the daily price is \$85 for members & \$95 for non-members

Make checks payable to Clinton Fencing Club

We accept   **MasterCard** **Visa**

Card # _____

Expiration Date _____ CV2 code number _____

Name on Card _____

Total Amount _____

Waiver of Liability and Consent of Treatment

In submitting this application, I _____ hereby waive any and all claims against the Cokesbury Fencing Club and Fencing Staff due to injury, illness, or death suffered by the above named as a result of participation in this camp.

I certify that the above named is in proper physical condition to participate in this camp.

Parent / Guardian's Signature: _____ Date _____

Further, this is to certify that on this date I, _____ give my consent to CFC 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 activities associated with CFC camps.

Fencer Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Mail the completed form to Clinton Fencing Club / 24 Cokesbury Rd (Suite 5) / Lebanon, NJ 08833