

TFC 2004 Camp Registration Form

Please return Form and Payment to:

The Fencing Center

110 Stockton Ave. San Jose, CA 95126-2759

Dates: Mon 8-2-04 through Saturday 8-7-04

Time: 9:00 AM to 3:00PM

Where: The Fencing Center San Jose -- Across The Street from the Diradon Cal Train Station

Participant/Athlete's Info:

Name: _____

Home Address: _____

Age: _____ DOB: _____

Phone: _____ Email _____

Emergency Contact _____

Relationship to Athlete _____

Phone: _____ Cell _____ Email: _____

Any medical/allergy problems/programs we should know about?

No: _____ Yes: _____

If Yes Please Explain:

Use 2nd sheet
if needed

Athlete's Club: _____ Athlete's Coach: _____

Years Of Experience _____

Are you an overnight camper? _____ (room and Board w/local family included). IF local, would you like to host an out of town fencer? _____ (there is a \$100 discount to the participant from the host family).

Cost: Deposit:	\$150	Required to reserve Spot-Not refundable after 7-1-04
Balance:	\$275	Due By 7-15-04
Total	<u>\$425</u>	

Amount Enclosed with Reservation form: \$ _____

MEDICAL INSURANCE IS NOT PROVIDED as part of the camp nor for those housed by local families.

Assure that your athlete is covered by your personal medical insurance.

I/We Hereby give consent for the above athlete to participate in the TFC Summer Camp. In consideration of acceptance of this application, I/we intend and acknowledge being legally bound, hereby for ourselves, heirs, executors, and administrators, hereby waive and release all rights and claims that might arise against The Fencing Center/Asgard Fencers Inc., the persons and organizations affiliated with, The Fencing Center/Asgard Fencers Inc. and/or affiliated with the TFC 2004 Camp or housing of the athletes. I/we Further attest that the athlete named above is physically fit and has been examined by a physician. I/We permission for The Fencing Center/Asgard Fencers Inc. to provide immediate reasonable emergency care to the above athlete, should it be required. Every attempt will be made to contact the emergency contact identified on this form in the event of accident or injury.

Print Name of Athlete: _____ Athletes Signature _____ Date: _____

Print Name of Mother: _____ Mother's Signature _____ Date: _____

Print Name of Father: _____ Father's Signature _____ Date: _____