

NJ FENCING ALLIANCE

2010 SUMMER CAMP APPLICATION

CAMP LOCATION
50-58 Burnett Avenue, Maplewood, NJ 07040
973-762-6363 (club phone & fax number)

Camp sessions as follows - check applicable session(s):

1	2	3	4	5	6	7	8	9	10
6/28-7/2	7/5 - 9	7/12-16	7/19-23	7/26-30	8/2-6	8/9-13	8/16-20	8/23-27	8/30-9/3

Camp fee for sessions: \$350 | Hours 8:30 am to 4:00 pm
(includes \$100 non-refundable deposit)
Optional before & after hours available

Camper's name: _____
 Address: _____ Town _____ Zip _____
 Parent(s) Names: _____
 Home phone: (____) _____ Emergency Phone: (____) _____
 Fencers E-mail: _____
 Birth Date: _____ Male: ___ Female: ___
 Parents E-mail: _____
 Years of organized fencing experience: _____
 Weapon: Sabre: _____ Epee: _____ Foil _____
 School/Club: _____ Coach: _____
 Allergies: No ___ Yes (please list) _____
 How did you hear about us? _____

**Mail completed application with a check or money order payable to
 NJ Fencing Alliance, 349 Prospect Street, South Orange, NJ 07079**

(973) 763-5728, e-mail: Blairstar48@aol.com

WAIVER AND RELEASE OF LIABILITY

Fencing is among the safest of all sports, and there is little chance of any injury. However, in order to conduct this camp, we need approval of the following condition:

I understand that participation in any sport carries a risk of injury. In submitting this application, I hereby waive any and all claims I may have against the NJFA and Fencing Staff due to injury or illness suffered by the above named as a result of participation in the camp. I certify that the above named student is in proper physical condition to participate in this event.

Parent / Guardian's Name: _____

Parent / Guardian's Signature: _____ Date: _____