



New Jersey Fencing Alliance, LLC

50 Burnett Avenue, Maplewood, NJ 07040 | Ph: (973)762-6363 | Web: www.njfencingalliance.com

SPRING CAMP 2019 NOW OPEN

1st Week
OR
2nd Week



Fence all 3 weapons, make new friends, and have a blast everyday with our Elite Coaching Staff...

Geared for all levels of fencing From beginner to advanced ages 8 and up. National and International fencers will be present to fence and work with campers. This is a great training and conditioning camp for fencers who wish to compete at the national level. Sessions will concentrate on conditioning and bouts.

- Camp Fee: **\$360 per week** Includes 10% (Members Discount)
- Camp Fee: **\$400 per week** (non-members)
- A **\$100.00 deposit is required** to reserve class placement (**All fees are non-refundable**)
- Camp Hours: **9AM - 2PM** and a **30mins. lunch break** is included/concession Snack Bar available

REGISTRATION OPENS: 3/1/2019 CLOSSES: 4/1/2019

PRINT CLEARLY:

Camper's Name: _____ Circle Weapon: _____ Epee _____ Sabre _____ Foil _____
 Address: _____ City: _____ Zip: _____
 Parent (s) Name(s): _____
 Home Phone: (_____) _____ Emergency Phone: (_____) _____
 Fencer's e-mail: _____
 Birth Date: _____ Male _____ Female _____
 Parent's e-mail: _____
 Years of organized fencing experience: _____
 School/Club: _____ Coach: _____
 Allergies: Yes _____ No _____ (List if yes): _____
 How did you hear about us? _____

**Mail/Drop-Off completed forms with a check payable to (NJFA) addressed to:-
 Frank Mustilli NJFA (SPRCamp19) 50 Burnett Ave, Maplewood, NJ 07040.
 Or payments made via credit cards, call: (973)762-6363 and ask for Lian or Tiffini (Front Desk)**

WAIVER AND RELEASE OF LIABILITY

*Fencing is among the safest of all sports, and there is little chance of an injury. However in order to conduct this camp we need approval of the following condition:
 I understand that participating 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:(Print) _____
 Parent / Guardian's Signature: _____ Date: _____