

**MEDEO FENCING CLUB**  
**2016 SABRE WINTER CAMP**  
**REGISTRATION FORM**

**Location:** Medeo Fencing Club, 783 East Main Street, Suite G, Bridgewater, NJ 08807

**Session(s):** DECEMBER 26<sup>th</sup> – 31<sup>st</sup> (Monday- Saturday)

**Sabre Camp Hours are 9:00 AM- 3:30 PM with 45 min. lunch break**

**Tuition:** \$100 per day for Medeo Member  
\$120 per day for guests

Student name: \_\_\_\_\_  
Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Parent's Email: \_\_\_\_\_  
Home phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact Name/Relationship: \_\_\_\_\_  
Weapon: Foil: \_\_\_\_\_ Sabre: \_\_\_\_\_ Epee: \_\_\_\_\_ New/Not sure: \_\_\_\_\_ Level/rating: \_\_\_\_\_  
School/Club: \_\_\_\_\_ Coach: \_\_\_\_\_  
Allergy: No \_\_\_\_\_ Yes \_\_\_\_\_ Explain: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

While we believe that Fencing is among the safest of all sports and there is a little chance of any injury, in order to participate in this Camp, we require the following signed waiver:

**I understand that participation in any sport carries a risk of injury. By signing this application, I hereby waive any and all claims I may have against the MEDEO FENCING CLUB and its Staff for any injury or illness suffered by the above-named student during and as a result of participation in this camp.**

**I certify that the above-named student is in satisfactory physical condition, is able to, and has my permission to participate in this Winter Camp.**

Parent/Guardian Name: \_\_\_\_\_  
Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or drop off completed application with a check or money order payable to:**  
**MEDEO FENCING CLUB 783 East Main Street, Suite G, Bridgewater, NJ 08807**  
**Please direct any questions to either medeofencing@aol.com or (732) 469-2244.**

***The application must be received by every fencer prior to the start of or the morning of the first day of Camp (including Medeo Members).***

*\* Any remaining balance is due upon arrival for the first day of Camp. A student may not begin to participate in the Camp unless any remaining balance has been paid in full.*

**Days Planning to Attend:**

\_\_\_ ALL **OR** \_\_\_ Mon \_\_\_ Tues \_\_\_ Weds \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat