



# Winter 2021 Beginners Fencing Camp

Dec. 20-22, 2021  
9 am - 11:55 a.m

Camp size is LIMITED, first come first served, register now  
\$125.00 MEMBERS ONLY

*Fencer must be enrolled in the Beginner's level fencing classes, have own jacket, mask, and fencing glove to participate.*

Camp focus is on agility, balance, form, technique and more advanced tactics. Improve those skills and understanding of the sport while having a fun, active morning. Camp will be lead by Coach Kelly Kositch.

### Registration form: Winter 2021 Beginners Fencing Camp

Fill out and return to PDX Fencing, Mail: 5645 S.W. Arctic Dr., Beaverton, OR 97005 or Email: office@pdxfencing.com

\_\_\_\_\_ Enroll my child in the Winter 2021 Beginners Camp Dec. 20-22, 2021 9 am—11:55 am

**Cost: Club members ONLY \$125.00** Due to covid camp size is restricted, prepay with registration. Pay via Zelle to email: office@pdxfencing.com, or Venmo (scan code), credit card, or check



Online Member Portal



Scan QR code to pay with Venmo

Participant Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Consent and Waiver of Liability for all participants: I/we give permission for the participant (camper) named above to attend the PDX Fencing Camp named above; and to participate in fencing instruction, bouts, games, fitness, and tournament as part of the camp.

Bring a water bottle and snack

Camper has no physical or behavioral conditions that may affect or limit full participation in fencing or strenuous activity except as noted here:

Camper has no known allergies except as noted here (note allergen, severity of reaction, and treatment):

**I/we realize that participation in fencing camp, and related activities includes strenuous physical activity and/or activities may potentially be hazardous. I/we hereby waive any and all claims of liability against PDX Fencing, its coaches, staff, and volunteers for any injury or death to camper caused by accident or negligence. In the event of a medical emergency, I/we understand that every effort will be made to reach the emergency contact listed below. If the emergency contact cannot be reached I/we give permission to the licensed healthcare practitioner selected by PDX Fencing to secure proper treatment including hospitalization, anesthesia, surgery, injections or medication for the camper.**

Parent/Guardian Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Emergency phone number incl area code: \_\_\_\_\_ Print Email \_\_\_\_\_

Alt Phone: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_