



Winter 2021 Fencing HI PERFORMANCE Camp- Dec. 27-30 9-3:45 pm Dec. 31 9-12 noon

\$375.00
Pre-pay 30 days in
advance and save
\$ 25.00

Fencer must be enrolled in the Competitive 2 level fencing class (or coach invitation), and have own electric gear to participate.

Camp focus: Intense preparation for the January 7 North America Cup National tournament, and regional January tournaments. Push students to achieve higher demand skills, execute tactics and mental strength for tournament season. Fun games, drills, footwork, fitness, and daily motivation. Coach: Charles Randall.

Registration form: Winter 2021 HI-PERFORMANCE 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 HI PERFORMANCE Camp Dec. 27-31, 2021

Cost: Club members ONLY \$375.00 , Pre-pay 30 days in advance and save \$25.00 Pay via free Zelle app to email: office@pdxfencing.com, or Venmo (scan code), credit card, or check



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 lunch

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: _____