



# Winter 2021 Fencing Pre-Competitive Camp Dec. 27-31 9– 11:55 a.m

\$195.00

Camp sizes are LIMITED, first come first served, register and pre-pay now

*Fencer must be enrolled in the Pre-Competitive level fencing class (or coach invitation, and have own electric gear to participate.*  
Camp focus: Intense activity to push students to achieve higher physical skills, execute tactics and mental strength for tournaments. Fun games, drills, footwork, fitness, motivation and visits from elite athletes who motivate and lead portions of the camp. Camp will be lead by Head Coach Charles Randall.

### Registration form: Winter 2021 Pre-Competitive 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 Pre-Comp. Camp Dec. 27-31, 2021 9 am—11:55am

**Cost: Club members ONLY \$195.00** 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



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: \_\_\_\_\_