

*“2017
Summer
Training”*

**TOP
CLUB**

FENCING



Fencer's Name:

- Training Time: **10:00am-3:00pm** (Footwork, Conditioning, Partner Drills, Boutings...)
- Lunch Time: **12:00pm-12:45pm**
Lunch optional: bring your own or buy it at the Club for \$10.00/person. Sign for lunch when you register for camp.

July 2017					
Mon.	Tues.	Wed.	Thurs.	Fri.	
17	18	19	20	21	
Lunch	Lunch	Lunch	Lunch	Lunch	
24	25	26	27	28	
Lunch	Lunch	Lunch	Lunch	Lunch	
August 2017					
31	1	2	3	4	
Lunch	Lunch	Lunch	Lunch	Lunch	
7	8	9	10	11	
Lunch	Lunch	Lunch	Lunch	Lunch	
14	15	16	17	18	
Lunch	Lunch	Lunch	Lunch	Lunch	

CAMP

Member: \$120.00 /day x __ =

\$500.00 /1 week

\$1,600.00/4 weeks

\$1,000.00/2 weeks

\$2,000.00/5 weeks

\$1,350.00/3 weeks

Non Member: \$135.00/day x __ =

\$600.00 /1week

\$1,920.00/4 weeks

\$1,200.00/2 weeks

\$2,400.00/5 weeks

\$1,620.00/3 weeks

10% discount for early registration by 5/10/2017.

10% discount for siblings

LUNCH

\$10.00/meal x ____ =



Top Fencing Club
2017 Summer Camp Registration Form

159 Paris Avenue Unit C Northvale, NJ. 07647

E-mail: Topfencingclub@gmail.com

Tel: 917-214-9810

Last Name _____ First Name _____ Date of Birth ____/____/____

Male ___ Female

Address _____ City _____
State _____ Zip _____

Phone # _____ Emergency Phone _____

E-mail (please print clearly) _____

Fencing Experience:

Beginner ___ Intermediate ___ Competitive ___ (Rating) ___ Weapon: Foil ___ Epee

Please check the desired camp. Camp Hours – 10:00am– 12:00pm & 12:45pm – 3:00pm

Week 1	___	July 17-21	Foil/Epee Camp
Week 2	___	July 24-28	Foil/Epee Camp
Week 3	___	July 31- August 4	Foil/Epee Camp
Week 4	___	August 7-11	Foil/Epee Camp
Week 5	___	August 14-18	Foil/Epee Camp

Registration forms and payment should be mailed to Top Fencing Club before camp starts. Please make checks payable to Top Fencing Club. NO CHANGES/NO REFUNDS.

Waiver of Liability and Consent of Treatment

In submitting this application, I _____ hereby waive any and all claims against Top Fencing Club (TOPFC) and the Fencing Staff due to injury, illness, or death suffered by the above named as a result of participation in this camp. I certify that the above named is in proper physical condition to participate in this camp.

Parent / Guardian's Signature: _____ Date _____

Fencer's Signature: _____ Date _____

Further, this is to certify that on this date I, _____ give my consent to TOPFC and its representative to obtain medical care from any licensed physician, hospital or clinic for the above named athlete for any injury or illness that may arise during activities associated with TOPFC camps.

Parent / Guardian's Signature: _____ Date _____

Fencer's Signature: _____ Date _____

As with any sport, fencing requires physical training which can be strenuous at times. Do you have any physical or medical conditions that could affect your ability to participate in this sport? Please explain _____
