

FENCING ACADEMY OF WESTCHESTER

40 Saw Mill River Road

Hawthorne, NY 10532

Tel: 914-345-5005 Fax: 914-345-5777

SUMMER CAMPS 2010 APPLICATION FORM

SESSION: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____
7/26-8/01 8/02-8/07 8/9-8/14 8/16-8/21 8/23-8/28 8/30-9/4

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: ____/____/____ MALE: ____ FEMALE: ____

HOME TEL: _(____) _____ MOBILE: _(____) _____

EMERGENCY CONTACT: _____

HOME TEL: _____

WORK TEL: _____

MOBILE: _____

PHYSICIAN: _____

I _____ GIVE MY CHILD PERMISSION TO ATTEND THIS CAMP AND UNDERSTAND THAT ALL SPORTS HAVE THE RISK OF SERIOUS INJURY. I RELEASE THE FENCING ACADEMY OF WESTCHESTER LLC AND ITS EMPLOYEES FROM ANY LIABILITIES MEDICAL OR OTHERWISE THAT MAY RESULT IN AN ACCIDENT OR INCIDENT DURING THE CLINIC SESSION.

FENCER'S SIGNATURE: _____ DATE: _____

PARENTS'S SIGNATURE: _____ DATE: _____

THE COST IS \$500 PER SESSION. 10% DISCOUNT FOR MEMBERS OF FAW. PLEASE SEND A NON-REFUNDABLE \$50 DEPOSIT TO HOLD YOUR SPOT: MAKE CHECK PAYABLE TO: FENCING ACADEMY OF WESTCHESTER. THE REMAINING BALANCE IS DUE THE FIRST DAY OF CAMP.

PLEASE BRING A BAG LUNCH OR MONEY FOR FAST FOOD LUNCH.
LUNCH IS NOT PROVIDED BY THE FENCING ACADEMY.