

FENCING ACADEMY OF WESTCHESTER

40 Saw Mill River Road, Hawthorne, NY 10532

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

SUMMER CAMPS 20SS APPLICATION FORM

SESSION: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____

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.