

HOW TO ENROLL

To enroll, please complete this registration form. Return by mail or fax along with **\$250 deposit**. Fee balance is due one week prior to the start of the camp. Deposits will be returned if we are unable to accommodate your request. All cancellations must be received in writing at least one week before camp begins and are subject to **\$50 cancellation fee**.

Fees:

- **\$850** per Session (out-of-town camper)
- **\$450** per Session (commuter)

Please make checks payable to:

Nellya Fencers, Inc.

Check Enclosed _____ Credit Card _____

Visa _____ Mastercard _____

Cardholder Name (Please print):

Card #: _____

Expiration Date: _____

Signature: _____

Address: _____

Phone: _____

REGISTRATION

Out-of-town _____ Commuter _____

Session 1: June 22-29 _____

Session 2: July 13-20 _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

If under 18 years old

Parent/Guardian

Name: _____

Home phone: _____

Cell phone: _____

CAMPER INFORMATION

Female _____ Male _____

Birth Date: _____

National Ranking: _____

Classification/year: _____

Club: _____

Coach: _____

T-shirt size: _____

Roommate preference: _____

WAIVER

I hereby waive and release all rights and claims for damages I may have against Nellya Fencers Inc., the United States Fencing Association, the officials, managers, sponsors, and other participants from any and all liabilities arising from illness, losses, injuries or damages I may suffer as a result of my participation in Nellya Fencers Elite Sabre Camp. I understand that participation in the sport of fencing carries a risk to me of serious injury. I attest and verify that I am physically fit and prepared for strenuous physical activity. I further waive all rights to any photographs, videotapes, or any other recording of this event for any purpose.

Signature (parent or guardian if under 18):

_____ Date: _____

CONSENT FOR MEDICAL TREATMENT

I understand that participation in the sport of fencing carries a risk to me of serious injury. I give my consent to representatives of Nellya Fencers, Inc. to obtain medical care from physicians, clinics or hospitals for any illness and/or injury that could arise during Nellya Fencers Elite Sabre Camp.

Emergency Contact:

Phone: _____

Signature (parent or guardian if under 18):

_____ Date: _____