

MANHATTAN FENCING SUMMER CAMP

Print Name _____

Birth date (if under 18) ___/___/___

Read and sign each of the following statements (for participants under the age of 18, a parent or guardian must sign).

WAIVER OF LIABILITY: Upon attending the Manhattan Fencing Summer Camp, I agree to abide by the code of conduct included. I attend this camp at my own risk and release the organizers and coaches from any liability. The undersigned certifies that the above referenced fencer is a current member of the USFA for the 2010-2011 seasons.

Fencer's Signature

Date

Parent/Guardian's Signature

Date

CONSENT FOR MEDICAL TREATMENT: This is to certify that on this date I, _____, give my consent to Yury Gelman and/or any of the parents or coaches attending the Summer Camp 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 the activities associated with the Manhattan Fencing Summer Camp.

Fencer's Signature

Date

Parent/Guardian Signature

Date

If said athlete is covered by any medical insurance policy, please complete the following:

Name of Carrier

Name of Policyholder

Address of Carrier

Policy Number

Phone Number