

# Summer 2023 Camps Advanced Beginners

**Session 1: July 24—28**

**Session 2: August 21—25**

**9– 11:55 am**

**Club members \$250.00**

**Non-members \$275.00**



**Pre pay by April 30 and save 15%**  
**Pre-pay 30 days in advance and save 10%**



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An active, fun camp focused on advanced tactics, offense, defense, introduction to tournament rules. Footwork, strategy, motivation, nutrition, hydration etc. Professional coaches motivate, inspire and push athletes to reach for their full potential. Coaches will be looking for those excelling and possibly ready to be promoted! Fun camp tournament on the last day.

Fill out and return to PDX Fencing, Mail: 5645 S.W. Arctic Dr., Beaverton, OR 97005 or Email: [office@pdx fencing.com](mailto:office@pdx fencing.com)

Enroll my child in the SUMMER 2023 Advanced Beginner Camp(s) I have selected below:

Choose which or both sessions: \_\_\_\_\_ Session 1: July 24—28, 2023 \_\_\_\_\_ Session 2: Aug. 21—25, 2023

Participant Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_

**Consent and Waiver of Liability** for all participants: I/we give permission for the participant (camper) named above to attend the PDX Fencing Camp named above; and to participate in fencing instruction, bouting, games, fitness, possible field trip and tournament as part of the camp.

Camper has no physical or behavioral conditions that may affect or limit full participation in fencing or strenuous activity except as noted here: \_\_\_\_\_

Camper has no known allergies except as noted here (note allergen, severity of reaction, and treatment): \_\_\_\_\_

**I/we realize that participation in fencing camp, and related activities includes strenuous physical activity and/or activities may potentially be hazardous. I/we hereby waive any and all claims of liability against PDX Fencing, its coaches, staff, and volunteers for any injury or death to camper caused by accident or negligence. In the event of a medical emergency, I/we understand that every effort will be made to reach the emergency contact listed below. If the emergency contact cannot be reached I/we give permission to the licensed healthcare practitioner selected by PDX Fencing to secure proper treatment including hospitalization, anesthesia, surgery, injections or medication for the camper.**

Parent/Guardian Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Emergency tel number incl area code: \_\_\_\_\_ Print email: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_