

Pre-Nationals 2023 Fencing Camp

June 19-23 9:00—3:45 pm

\$450.00
Pre-pay and save
\$\$\$

bring a water bottle and lunch



Camp focus: Intense preparation upcoming summer national championships and July Challenge in Phoenix, AZ. Perfect for all competitive fencers who qualified to go to nationals or those ready to for intensive training at the competitive level. Must be in the pre-competitive or Competitive level classes, or by coach invitation or recommendation.

Cost: \$450.00 club member \$550.00 non-club member

Prepay in full by April 30, save \$45.00, Pre-pay in full by May 19, Save \$25.00

Fill out and return to
PDX Fencing, Mail:
5645 S.W. Arctic Dr.,
Beaverton, OR 97005

Registration form: Summer 2023 Pre-Nationals Fencing Camp

or Email: office@pdxfencing.com.



Send Money with Zelle®

PDX FENCING LLC



Zelle®

_____ Enroll myself/my child in the Summer Pre-Nationals 2023 HI PERFORMANCE Camp
June 19-23, 2023. Non club members must pay in full at time of registration. Pay via free Zelle

Participant Last Name: _____ First Name _____

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, 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 phone number incl area code: _____ Print Email _____

Alt Phone: _____ Name/Relationship: _____

Street Address: _____ City: _____

Date: _____ Signature: _____