



Camp focus: For fencers in our or being promoted to our Advanced Beginners classes. Boosting skills, fitness for injury prevention, agility, speed ,coordination. Fun drills and for tactics, strategy, competitiveness. Improve those skills and tactical understanding, learn competition rules of the sport while having a fun, active morning. Team tournament at the end of camp!

**Registration form: Summer 2024 Advanced Beginner Fencing Camp**

Fill out and return to PDX Fencing, Mail: 5645 S.W. Arctic Dr., Beaverton, OR 97005 or Email: office@pdxfencing.com

Enroll my child in the Summer 2024 Advanced Beginner Camp **July 22-26, 2024**  
**Cost: Club members \$299.00/Non-members \$399.00 Pre-pay by 4/30/24 Save 15%, Pre-pay 30+ days in advance & save \$25.00**



Claire Miller-Randall  
@pdxfencing



venmo  
Scan QR code for payment

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, bouts, games, fitness, and tournament as part of the camp.

Bring a water bottle and snack

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: \_\_\_\_\_

Zip code: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_