

GUTKOVSKIY FENCING ACADEMY

18-02 RIVER ROAD, BUILDING 1, UNIT 2 FAIR LAWN, NJ 07410
201-773-0981

SUMMER CAMP APPLICATION

LAST NAME _____ FIRST NAME _____

MALE _____ FEMALE _____ DOB _____

ADDRESS _____

PHONE NUMBER _____ (H) _____ (C)

E-MAIL _____

SCHOOL/CLUB _____

USFA RATING _____ WEAPON _____

SCHEDULE & FEES

	Member	Sibling	non-mem
CAMP A 7/17/17 - 7/21/2017	\$450	\$400	\$500
CAMP B 7/24/17 - 7/28/17 (Competitive)	\$500	\$400	\$550
CAMP C 7/31/17 - 8/4/17	\$450	\$400	\$500
CAMP D 8/7/17 - 8/11/17	\$450	\$400	\$500
CAMP E 8/14/17 - 8/18/17	\$450	\$400	\$500
CAMP F 8/28/17-9/1/17(Competitive)	\$500	\$400	\$550

SIGN UP TWO + CAMPS AND RECEIVE MORE DISCOUNT*

2 competitive camps \$400/week (total \$800 for members. \$900 non-members) per child

2 regular camps \$300/week (total \$600 for members. \$700 for non-members) per child

3 or more camps: Contact Jennifer 201-264-9423

CAMP HOURS 9:30 AM - 3:30 PM (A,C,D,E)

CAMP HOURS 9:00 AM - 3:30 PM (B & F)

CAMP A B C D E F

FULL SESSION X \$ = \$ DAILY SESSION

CAMP A B C D E F

DAILY RATE \$ 110 X DAYS = \$

DAILY RATE (NON-MEM) \$125 X DAYS = \$

Waiver of liability, consent of treatment

(parent/Guardian must sign for minor)

NAME OF FENCER _____

I _____ do hereby release Stanislav Gutkovskiy, Gutkovskiy Fencing Academy, the staff of the Camp at GFA and its sponsors, from any liability resulting from injury, accidents, illness, death or other mishap that occurs while participating in the Fencing Camp at GFA.

Name: _____ (parent/guardian)

Signature: _____

Date: _____

Further, this is to certify that on this date I, _____, give my consent to the GFA and its representative 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 activities associated with GFA Camps.

Fencer's Signature _____ Date _____

Parent/guardian's Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

NAME _____

TEL # _____

INSURANCE INFORMATION

INSURANCE COMPANY _____

POLICY HOLDER _____

POLICY ID NUMBER _____

Payment is required at time of registration.

Make checks payable to: GFA