

Alberta Fencing Association

Summer Camp 2017

Name: _____
First name Last name

Address: _____

City Province Postal Code

Phone: _____
Home Work

Email: _____
Parent Athlete

Sex: Male Female Date of Birth: _____ Age: _____
DD/MM/YYYY

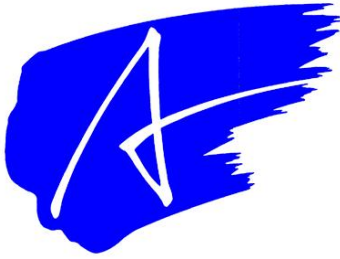
Fencing Club: _____ Weapon: Foil / Epee / Sabre
(circle all that applies to you)

AFA member: Yes No

I am enclosing a cheque made payable to the Alberta Fencing Association in amount of:

- \$525.00 All inclusive
- \$250.00 Days only

My shirt size is: _____



Alberta Fencing Association

Summer Camp Emergency and Medical Information

Mother's Name	Father's Name
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Alberta Health Care Number	Doctor's Name	Doctor's Phone
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Emergency Contact	Relationship to Fencer	Phone Number(s)
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Is the fencer presently taking any medication(s)? Please specify type of medication and the reason for taking it:

Please circle if the fencer has ever been diagnosed or is currently taking medication for any of the following:

Asthma	Hay fever	Headaches	Sleep walking
Nosebleeds	Bronchitis	Nightmares	Ear troubles
Skin Rashes	Convulsions	Hemophilia	Blood Disorders
Heart Disease	High Blood Pressure	ADHD, ADD	Diabetes
Respiratory Disorder	Other: _____	_____	_____

How these conditions are normally treated?

Does the fencer have any known allergies? Please list:

Does the fencer require a special diet? _____. If so, please attach an appropriate menu with this form.

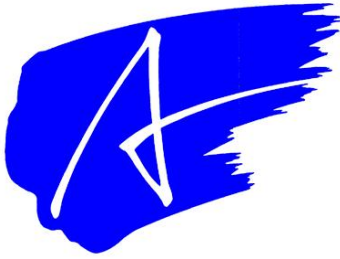
Has the fencer suffered from any athletic injuries that may pose a problem during this camp?

Other relevant medical information:

It is expected that the AFA Executive Director will be advised should there be any amendments to a fencer's medical records prior to attending camp. Only Executive Director, Head Coaches and/or Camp Medical Staff are privy to medical information.

Signature of Parent/Guardian

Date



Alberta Fencing Association

Summer Camp Conduct and Waiver Information

WAIVER: I/WE do hereby remiss, release, and forever discharge the Alberta Fencing Association, its Directors, Members, officers, Employees, Independent Contractors and Agents from any manner of actions, claims or demands whatsoever arising from any activities undertaken in or about the Summer Camp 2017, to be held at University of Alberta, from August 12-18 inclusively.

I am aware that participating in this summer camp involving fencing involves physical contact and other physical challenges that will expose me to many risks, dangers and hazards including but not limited to physical contact with other participants, equipment (including, but not limited to, various weapons such as foils, and other edged or pointed weapons or simulated edged weapons), various types of protective gear, training equipment, sparring equipment, floors, walls, all of which are incidental to fencing.

I am also aware of the risks, dangers and hazards associated with fencing and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, including those resulting from negligence on the part of the operator of the camp or its instructors and assistants and their failure to safeguard or protect me from the risks, dangers and hazards of participating in fencing.

I declare that all information provided by me on registration and medical forms is true to the best of my knowledge and belief. The following rules will pertain to me while I attend the camp:

1. I have read and understand the Alberta Fencing Association's (AFA) athlete code of conduct, and will conduct myself accordingly.
2. I will conduct myself in good behaviour. I understand that foul language and disrespect to coaches, chaperones and other athletes will not be tolerated. I will obey the coaches and/or chaperones as asked.
3. I understand that the days are structured to maximize my time at the camp. I understand that I am expected to attend all mandatory activities.
4. I understand and acknowledge that damage to the facility and/or other individuals' belongings will be assessed and charged to appropriate person(s).
5. I understand that any criminal activity (i.e. theft, vandalism etc.) will be dealt with by the local police force.
6. I acknowledge that I will be unsupervised while in attendance. I will conduct myself responsibly, and will not act in a disruptive manner. I will not drink alcohol while at camp.
7. I acknowledge the AFA's right to either contact my parent(s) or guardian(s) if I do not abide by the terms of this waiver. Expenses to send me home will be charged to me and/or my parent(s) or guardian(s).

I have read and understand these conditions.

Athlete name (please print): _____

Signature of athlete: _____

Signature of legal Guardian: _____

Date: _____ Witness: _____

When completed and signed, please send this registration form together with the cheque back to Alberta Fencing Association, 11759 Groat Road, Edmonton, AB, T5M 3K6.

Please make cheque payable to Alberta Fencing Association, with athlete's name on the memo line.

If you are unsure if the athlete is a part of Alberta Development program or has an AFA membership, please email the AFA: info@fencing.ab.ca. All other inquiries can also be sent to this address.