



Summer Day Camps

Registration Form 2010

Name: _____ Birthdate: _____

Home address: _____ Postal Code: _____

Home phone: _____ E-mail address: _____

Requested camp date: #1 – July 13-17 _____ (9-11 years) Beginner Program
#2 – July 27-31 _____ (11-13 years) Beginner Program
#3 – August 10-14 _____ (11-14 years) Development Program

Are you ___ left-handed or ___ right-handed ?

Sizing information for equipment: Chest size (inches): _____
Height (ft/inches): _____

Emergency Contacts: (daytime)

Name: _____ Phone 1: _____
Phone 2: _____

Name: _____ Phone 1: _____
Phone 2: _____

Health Information: Please note any health conditions that staff should be aware of:

Participant Agreement: To ensure the safety & enjoyment of all participants, I agree to abide by the rules and guidelines for conduct established by the camp leaders. I declare that my state of health is adequate to participate safely in this program. I am fully aware of the dangers & risks associated with fencing and I accept these dangers and risks.

As the guardian of this participant, I have read, understood and accept the conditions of this participant agreement.

Name: _____ Signature _____

To Register: Send form & fee to:
Damocles Summer Fencing Camps
c/o Barbara Daniel
8 Springwater Ct,
Islandview, NB, E3E 1A1