

# FENCING SUMMMER CAMP

If you have ever wanted to try out a fun and exciting sport, this summer may be your best opportunity. Located in the heart of Toronto, the camp is design for children that never fenced before.

We provide an exciting, challenging and safe environment during camp, where students learn the fundamentals of fencing through games, team-building activities, footwork, bladework drills and sparring.

The morning part of the camp is ran at a local park and the afternoon part is held at the gym. The camp is coordinated by the NCCP Level 4 coach, Katya Belkina. All the equipment is provided.

**Location:** Swansea Town Hall, 95 Lavinia Ave.

**Age:** 8-14yo

**Gender:** co-ed

**Schedule:** Monday to Friday, 9am – 4pm

**Dates:**

**July 4-7; 10-14; 17-21; 24-28; Aug 14-18; 21-25**

**Cost:** \$475

**Availability/more information:** Please contact Katya Belkina at [katya@myfencing.ca](mailto:katya@myfencing.ca)

**Registration:** Please provide \$150 deposit via e-transfer.

**Refund policy:** The camp deposit and fee are NON-REFUNDABLE. The balance should be paid PRIOR first day of the camp.

**What to wear:** Students need to wear a t-shirt, running shoes and track pants.

**What to bring:** A lunch, snacks and water bottle.

**Registration form:** Please print, fill out and bring it with you to the first day of the camp.

*\*My Fencing Club reserves the right to change or cancel the camp.*

# REGISTRATION FORM

**Please fill out the forms to provide us with accurate information about your child and sign the bottom of each page.**

Week/s attending: \_\_\_\_\_

Alternative weeks (if camp is full): \_\_\_\_\_

Campers' Name: \_\_\_\_\_

Preferred name (if different): \_\_\_\_\_

DOB: \_\_\_\_\_yy\_\_\_\_\_mm\_\_\_\_\_dd Age: \_\_\_\_\_ Gender:  Male  Female

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

If the parent/guardian is unavailable in an emergency please notify:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Authorization of Release

I \_\_\_\_\_ hereby authorize the following people, in addition to the parent/guardian and emergency contact mentioned above, to pick up my child at My Fencing Club Camp.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

If there are any changes in these arrangements, I will give advanced written notice. Please list any special instructions or any persons who are never to be authorized to pick up your child:

Children arriving and departing alone must be ten years of age or older. I hereby authorize my child to arrive and depart My Fencing Club Camp on his/her own accord. My Fencing Club shall have no responsibility for the children during the commute to and from My Fencing Club Camp.

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

How did you hear about us: \_\_\_\_\_

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## WAIVER

I (the undersigned) do hereby grant permission for my child,

to attend the Beginner Fencing Camp (Camp) at My Fencing Club. In consideration of my/our child/ren's participation in My Fencing Club sports and camp activities:

- I/we grant permission to My Fencing Club or its representative to act on my/our behalf in case of a medical emergency, and to transport my/ our child/ren to a local doctor or hospital for medical treatment if necessary.

- I/we consent to the use by My Fencing Club of images of my/our child/ren in photographs and videos showing their participation in camp activities at My Fencing Club. I/we agree that My Fencing Club may use such photographs or videos, without payment by My Fencing Club, for promotional or instructional purposes or for publication by the news media.

- My Fencing Club is committed to respecting the personal privacy of individuals. All personal information contained on this form is collected and protected under the Federal Personal Information Protection and Electronic Documents Act (PIPEDA).

Information is not disclosed to anyone except My Fencing Club personnel who need the information to carry out the responsibilities of their job. As a result, I/we consent to the collection, use and retention of this personal information by My Fencing Club in order to process this registration form, collect fees, record any medical information (if required) and inform parents of future camp activities. Questions can be directed to the head coach, Katya Belkina at [katya@myfencing.ca](mailto:katya@myfencing.ca) or 647.720.0202

- I/we understand that My Fencing Club has the right to remove campers from registered sessions if they do not conduct themselves in a respectful and behaved manner. It will be at My Fencing Club's discretion, based on the severity of the behavioural incident, whether the camper may partake in any further camp weeks in which they may be registered or whether they may register for camps again in the future.

- I/we agree to release, discharge, indemnify and save harmless My Fencing Club, its proprietors, participants and employees, from and against all claims or proceedings arising as a result of any accident, injury, or otherwise sustained by my/our child/ren arising from participation in any camp activities, except in the case of gross negligence.

- No refunds will be offered for the camp deposit or camp fee.

- Camp fees are for the entire camp session; not a day-by-day basis. My Fencing Club will therefore not refund fees for days missed for any reason.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL FORM

Child's OHIP number \_\_\_\_\_

Family doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Does your child have any allergies?  Yes  No

If so, please provide details, including typical reaction if exposed to the allergen:

Does your child have any of the following medical conditions? Please circle and provide further information.

Diabetes Ear Infections Asthma Epilepsy ADD/ADHD Behaviour Disorders Aspergers

Additional details:

Does your child need to take any medication during camp time?  Yes  No

If yes, please provide details, including timing and dosage of medication:

On the first day of camp, please discuss your child's medication routine with his/her counselors.

Please give details of any other health conditions, including a history of illnesses or accidents, current disabilities, or any behavioural condition, that may affect your child while at camp:

Snacks may be offered to all campers by the camp staff. Do you give your child permission to eat snacks provided by the camp?  Yes  No

It is mandatory that all parents send a supply of sunscreen with their child (for the full day only).

Prior to camp commencement, please ensure your child's shots are up-to-date.

The health history provided in this form is correct, to my knowledge. The person herein described has permission to engage in all prescribed camp activities, including field trips, except as noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to Katya Belkina to hospitalize my child as named.

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_