



2009 Thanksgiving/Christmas Camp Registration

<p>Thanksgiving Camp Fees: AFA Members: \$180 Non AFA: \$230 Camp Dates: Nov. 23-25</p>	<p>Christmas Camp Fees: AFA Members: \$250 Non AFA: \$300 Camp Dates: Dec. 26-30</p>
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Please print this form out, complete and mail it along with your fee *for each session selected to:*

Alamo Fencing Academy

961 Isom Rd.

San Antonio, TX, 78216

210-260-3804

Make checks payable to: Alamo Fencing Academy

REGISTER FOR BOTH CAMPS AND SAVE \$50

Sessions 9 am- 4 pm, ~ Ages 8-20+

Please Check Sessions You Would Like to Attend:

_____ **Thanksgiving Camp** **November 23-25**

_____ **Christmas Camp** **December 26-30**

Student's First Name: _____ Last Name: _____

Age: _____ Sex: _____ Years Fencing: _____

Parent's Name: _____ E-mail _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

e-mail _____

Wavier of Liability and Medical Release

Student agrees to abide by the rules of Alamo Fencing Academy, as currently published or posted at the fencing venue. Student understands and appreciates that participation in a sport carries a risk to Student of serious injury, including permanent paralysis or death. Student voluntarily and knowingly recognizes, accepts and assumes this risk and releases Alamo Fencing Academy, Andrei Samorodov, their landlord, their sponsors, officers, directors, coaches, event organizers, employees, participants, volunteers, and officials from any liability for their own negligence, mistakes of judgment, or otherwise, except in the event of their own individual willful misconduct. Student hereby grants Alamo Fencing Academy, its coaches, employees, or volunteers authority to seek emergency medical treatment for Student in the case of injury or accident while participating in a fencing event as a member of Alamo Fencing Academy.

Signature of Student, or Parent if Student is a Minor

Date: _____