



Camp Registration Form

Rhode Island Fencing Academy and Club

91 Main Street, Warren, RI 02885 USA
401-245-7902 fax: 401-245-7480 email: info@rifac.com
www.RIFAC.com

first name	last name
address	
city	state, zip
phone	email
emergency contact / phone	student's DOB
father's name	mother's name

Please list below any medical conditions that we should be aware of (allergies, disabilities, etc.):

WAIVER OF LIABILITY

I understand and appreciate that participation in sport carries a risk of serious injury. I knowingly accept and assume this risk, and release the Rhode Island Fencing Academy and Club, its sponsors, instructors, and officers from any liability.

signature of student, or parent/guardian for those under 18

date

CONSENT FOR MEDICAL TREATMENT

I give consent to the staff and coaches of the Rhode Island Fencing Academy and Club to obtain medical care from any licensed physician, hospital or clinic for any injury or illness that may arise during activities associated with the Rhode Island Fencing Academy and Club.

signature of student, or parent/guardian for those under 18

date

PHOTOGRAPHY

The Rhode Island Fencing Academy and Club may take pictures of the students during camp activities. These photographs may be used for public relations, advertisements, etc.
By signing below, I give permission for the Rhode Island Fencing Academy and Club to take and use photographs of me/my child.

signature of student, or parent/guardian for those under 18

date

NEWSLETTER & UPDATES

I would like to receive periodic e-mail updates from RIFAC. I would like to receive periodic paper updates from RIFAC.

REGISTRATION

To register for a camp, please fill out this entire form and return it to the Academy. Tuition is due at the time of registration. Applications are accepted in the order in which they are received. Spaces are limited so please register early. Please call the Academy with any questions.

camp: _____ location: _____ session: _____

total amount due: \$ _____ payment: check M/C Visa

credit card # _____ exp. date: _____

signature _____