

Youth Summer Camp July 14 – 18, 2025

Registration Form

First Name:		
Last Name:		
Gender:		
Parent First and Last name:		
Address:		City:
Province:	Postal Code:	Phone:
Emergency Contact Phone:		Cell Phone:
Email:		
Medical conditions/Allergies	s:	
Payment: (One w	eek) Half day \$140 (+ \$ 5 AI	FA fee); Full day \$250 (+\$ 5 AFA fee)
Money Order \$		_
• E-transfer, Cash \$		

Please make cheques payable to: **Fencing Academy of Calgary Association** Mailing address: 13 Everwoods road S.W. Calgary, AB T2Y 4R5

Release and Waiver:

All persons participating in these activities are deemed Calgary Association and Glenbrook Community organizations for injury, accident, illness or death occur Academy of Calgary Association activities.	Hall, and its employees, and any co-sponsoring
and assigns release and forever discharge the Fencing Acad Hall, its servants, agents or employees from any liability demands, causes of action which may arise, or are alleged Fencing Academy of Calgary Association and Glenbroo officials. I further release any and all recourses which may Fencing Academy of Calgary Association and Glenbrook sporting activities carries a certain degree of risk for injury rules and safety regulations of the Fencing Academy of Failure to follow these rules and regulations will result in at the sole discretion of the Fencing Academy of Calgary be appealed. I enter this activity voluntarily and at my ow taken to safeguard the health and safety of the group.	demy of Calgary Association and Glenbrook Community, claims including attorney's fees and court costs, suits, to arise, from the sole negligence or acts or omissions of ok Community Hall, its officers, agents, employees, or now or hereafter have resulting from any decision of the Community Hall. I understand that participation in any of Upon entering this activity, I agree to abide by current Calgary Association and Glenbrook Community Hall. expulsion and no refund fees will be made. Expulsion is Association Program Director and the decision may not
I have read and understood the aforementioned statements all claims. I certify that (I am/my child is) in good health a further certify that I am in sound mental health and fully ca	and can participate in all normal activities of the group. I
I agree with the above statements:	
Signature (Parent/Guardian)	
Date:	