



Youth Summer Camp July 7 – 11, 2025

Registration Form

First Name: _____

Last Name: _____

Gender: _____ Date of Birth (day/month/year): _____

Parent First and Last name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Emergency Contact Phone: _____ Cell Phone: _____

Email: _____

Club: _____ Coach: _____

Medical conditions/Allergies: _____

Payment: (One week) Half day \$140 (+ \$ 5 AFA fee); Full day \$250 (+\$ 5 AFA fee)

- Cheque \$ _____
- 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 to have waived all claims against Fencing Academy of Calgary Association and Glenbrook Community Hall, and its employees, and any co-sponsoring organizations for injury, accident, illness or death occurring during or by reason of participation in Fencing Academy of Calgary Association activities.

I _____ hereby for myself, my heirs, executors, administrators, and assigns release and forever discharge the Fencing Academy of Calgary Association and Glenbrook Community Hall, its servants, agents or employees from any liability, claims including attorney's fees and court costs, suits, demands, causes of action which may arise, or are alleged to arise, from the sole negligence or acts or omissions of Fencing Academy of Calgary Association and Glenbrook Community Hall, its officers, agents, employees, or officials. I further release any and all recourses which may now or hereafter have resulting from any decision of the Fencing Academy of Calgary Association and Glenbrook Community Hall. I understand that participation in any sporting activities carries a certain degree of risk for injury. Upon entering this activity, I agree to abide by current rules and safety regulations of the Fencing Academy of Calgary Association and Glenbrook Community Hall. Failure to follow these rules and regulations will result in expulsion and no refund fees will be made. Expulsion is at the sole discretion of the Fencing Academy of Calgary Association Program Director and the decision may not be appealed. I enter this activity voluntarily and at my own risk and I understand that reasonable measures will be taken to safeguard the health and safety of the group.

I have read and understood the aforementioned statements and agree to assume the responsibility stated and waive all claims. I certify that (I am/my child is) in good health and can participate in all normal activities of the group. I further certify that I am in sound mental health and fully capable of making this waiver of liability.

I agree with the above statements: _____

Signature (Parent/Guardian) _____

Date: _____