



Summer Camp **July 9-13,2016**

Location: **École des Pionniers** 250 Quispamsis Road ,Quispamsis NB. E2E 0R7
Registration Form 2016

Name: _____ Birthdate: _____

Home address: _____ E-Mail address: _____

Emergency Contacts: (daytime) _____

Health Information: Please note any health conditions that staff should be aware of:

Participant Agreement: To ensure the safety & enjoyment of all participants, I agree to abide by the rules and guidelines for conduct established by the camp leaders. I declare that my state of health is adequate to participate safely in this program. I am fully aware of the dangers & risks associated with fencing and I accept these dangers and risks.

As the guardian of this participant, I have read, understood and accept the conditions of this participant agreement.

Name: _____ Signature: _____

Fee: \$ 185.00 : payable to Escrime KV Fencing Association by June 30, 2016

Send Form along with payment to: Escrime KV Fencing Summer Camp

c/o Diane Raiche-Phillips 1474 Rothesay Rd, Saint John ,NB E2H 2J1