



GUTKOVSKIY FENCING ACADEMY
 18-02 RIVER ROAD, BUILDING 1, UNIT 2 FAIR LAWN, NJ 07410
 201-773-0981

CAMP APPLICATION

LAST NAME _____ FIRST NAME _____

MALE _____ FEMALE _____ DOB _____

ADDRESS _____

PHONE NUMBER _____ (H) _____ (C)

E-MAIL _____

SCHOOL/CLUB _____

USFA RATING _____ WEAPON _____

FEES

	Member	Non-Member
CAMP A 7/18/2011 – 7/22/2011	\$380	\$400
CAMP B 7/25/2011 - 7/29/2011	\$380	\$400
CAMP C 8/1/2011 – 8/5/2011	\$380	\$400
CAMP D 8/15/2011 - 8/19/2011	\$380	\$400
CAMP E 8/22/2011 - 8/27/2011	\$420	\$450
DAILY CAMP AVAILABLE AT	\$85	\$90/day
Sibling discount for GFA member's only	10% (FULL CAMP ONLY)	

CAMP HOURS 9:30 AM – 3:30 PM

CAMP A B C D E

FULL SESSION ____ X ____ \$ _____ = \$ _____

DAILY SESSION CAMP A B C D E

DAILY RATE _\$ ____ X _____ DAYS = \$ _____

SIBLING DISCOUNT 10% FULL CAMP FOR GFA MEMBERS ONLY

-\$ _____

TOTAL AMOUNT \$ _____

Microwave & refrigerator are available.

Lunch orders are taken daily for purchase.

Waiver of liability, consent of treatment

(parent/Guardian must sign for minor)

NAME OF FENCER _____

I _____ do hereby release Stanislav Gutkovskiy, Gutkovskiy Fencing Academy, the staff of the Camp at GFA and its sponsors, from any liability resulting from injury, accidents, illness, death or other mishap that occurs while participating in the Fencing Camp at GFA.

Name: _____ (parent/guardian)

Signature: _____

Date: _____

Further, this is to certify that on this date I, _____, give my consent to the GFA and its representative to obtain medical care from any licensed physician, hospital or clinic for the above named athlete for any injury or illness that may arise during activities associated with GFA Camps.

Fencer's Signature _____ Date _____

Parent/guardian's Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

NAME _____

TEL # _____

INSURANCE INFORMATION

INSURANCE COMPANY _____

POLICY HOLDER _____

POLICY ID NUMBER _____

Payment is required at time of registration.

Make checks payable to: GFA

We accept   visa master card

Card # _____

Expiration Date _____ CV2 code number _____

Name on the Card _____

Total Amount _____