

# GUTKOVSKIY FENCING ACADEMY

18-02 RIVER ROAD, BUILDING 1, UNIT 2 FAIR LAWN,  
NJ 07410

## CAMP APPLICATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ (H) \_\_\_\_\_ (C)

E-MAIL \_\_\_\_\_

SCHOOL/CLUB \_\_\_\_\_

YEARS OF FENCING \_\_\_\_\_ USFA RATING \_\_\_\_\_

WEAPON \_\_\_\_\_

### PAYMENT

WINTER CAMP: 12/27/09-12/31/09 \$375

CAMP HOURS: 10AM - 4PM (12PM-1PM LUNCH BREAK)

### PRICE PER DAY FOR DAILY CAMPERS

\$80/ DAY X \_\_\_\_\_ days = \$ \_\_\_\_\_

### SIBLING DISCOUNT FOR GFA MEMBERS ONLY

FULL CAMP ONLY 10% DISCOUNT \$337.50

TOTAL PAYMENT \$ \_\_\_\_\_

Payment is required at time of registration.

Make checks payable to: GFA

We accept  

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 \_\_\_\_\_