

BLUEGRASS FENCERS' CLUB

Winter Camp 2016



Tuesday December 27 – Saturday December 31, 2016
(9:00am-3:00pm)

(Open Fencing for members 3:00 – 5:00pm, \$15.00 floor fee for non – members)

Fee: \$350 BFC Members - \$400 BFC Non-Members
Non-Member Fencing for other club \$450

Fencing techniques, games, fun!
Bring a lunch and a water bottle!

Instructor: Amgad Khazbak – US Olympic coach Rio 2016 and London 2012 , formerly US Women Foil National coach and head coach of the Egyptian National Team - over 100 medals in World Cups, World Championships and National events.

For more information, call the Bluegrass Fencers' Club 859-420-5803
3300 Keithshire Way, Suite 28, Lexington, KY 40503
www.bluegrassfencers.com

Bluegrass Fencers' Club Winter Fencing Camp 2016

REGISTRATION FORM

NAME _____

GENDER _____ Age _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ Cell _____ E-MAIL _____

Assumption of Risk. I understand that any athletic activity involves physical exertion and risk of injury, and that the sport of fencing involves vigorous activities with sport fencing equipment and that there is risk of injury. I understand that despite the safety precautions taken by Bluegrass Fencers' Club and coaches that it is impossible to guarantee that a participant will not be injured. I assume the risk of any injury or other medical condition arising as the result of my participation in any athletic activity in which I engage at Bluegrass Fencers' Club. I understand that it is my responsibility to wear appropriate clothing to all classes and open fencing sessions. I understand I am responsible for my own safety and comporting myself in a safe manner at all times.

Liability Release. I agree to indemnify and hold harmless the Bluegrass Fencers' Club, instructors, coaches, members, guests and other participants, and the USFA, from all claims, liability, demands or actions for personal injury, damage or loss. This agreement shall be binding on my personal representatives, heirs and assigns.

Signature of Parent

Date: _____

Emergency Contact information: _____

Please return registration forms and make checks payable to:

Amgad Khazbak
1993 Allegheny Way
Lexington, KY 40513