Bluegrass Fencers' Club
Winter Fencing Camp 2026

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.

_____ Date:_____
Signature of Parent

Emergency Contact information: _____

Please return registration forms and make checks payable to:

Amgad Khazbak
1993 Allegheny Way
Lexington, KY 40513