

BUCKS COUNTY ACADEMY OF FENCING
2024 AUGUST CAMP APPLICATION
AUGUST 12 - 16, 2024 ~ 9:00 a.m. - 2:00 p.m.
Foil/Epee ~ All levels/Ages 10 - 18

NAME: _____ AGE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

WEAPON: _____ FOIL _____ EPEE

EARLY BIRD RATE: payment must be received by July 1, 2024

Fee: \$495 for 5 days

Family rate for 2 or more: \$450 per fencer for 5 days

AFTER JULY 1st:

Fee: \$120/day per fencer or \$525 for 5 days

Family rate for 2 or more: \$500 per fencer for 5 days

AMOUNT DUE: \$ _____ (checks payable to BCAF); Charge my credit card on file: _____

Days attending (Mon, Tues, etc.): _____

Campers must be picked up no later than 2:15

Fencers need to bring their own complete fencing uniform AND their own electric gear. Fencers should bring a refillable water bottle (with their name on it) and supply their own lunch. A refrigerator and microwave are available.

CAMP SCHEDULE: We will begin with proper warm-up procedures every morning, continue to footwork, some drills and games and then the lesson for the day. Lessons discussed, exercises and stretching, as well as footwork examples, will be structured so that fencers can incorporate them into a daily routine well after camp and throughout the year. We will finish the day with individual lessons (if appropriate), bouting and possible video analysis. Additional activities and discussion may include armory, nutrition, and tournament management.

LAMBERTVILLE FACILITY:

Located in bucolic Hunterdon County, NJ and housed in a 6,000 square foot building with central air and free on-site parking, the Academy maintains 9 Olympic size competition strips equipped with electronic scoring machines. There is a lounge area offering free Wi-Fi, refreshments for purchase, changing rooms, and armory bench/repair service. There is ample, FREE off street parking and only a seven minute walk along the scenic tow path from two very charming and interesting tourist towns (Lambertville & New Hope).

CANCELLATION POLICY: All requests must be made in writing. All monies paid with the exception of a \$99 administrative fee will be returned provided the notice of cancellation is received 10 days prior to the start of camp.

NO REFUNDS/CREDITS WILL BE ISSUED ONCE THE CAMP HAS STARTED.

BCAF DAY CAMP RELEASE FORM

Fencing is among one of the safest sports and while major injuries are rare, the following information and appropriate signature is required.

The undersigned acknowledges by the execution of this release that he/she has been advised that the sport of fencing does involve certain risks from substantial physical stress, as well as dangers, which may be caused by other participants, equipment breakage, or equipment malfunctions beyond the control of the instructor. The above are only examples and are not deemed to be all-inclusive.

On contracting for fencing lessons to be provided by Mark Holbrow through the Bucks County Academy of Fencing, or on contracting for use of the facilities and equipment of the Bucks County Academy of Fencing, the undersigned represents that he/she:

- A. Is in proper physical condition to participate in strenuous physical exercise, and if in doubt, has solicited and received medical verification; and
- B. Understands that any equipment belonging to the Bucks County Academy of Fencing is not warranted by the Bucks County Academy of Fencing and is used by the undersigned and by those participants the undersigned may be engaged with at the undersigned's election, and the undersigned assumes all risk of such usage.

In consideration of acceptance by Mark Holbrow and the Bucks County Academy of Fencing as a student or as a participant, the undersigned releases Mark Holbrow and the Bucks County Academy of Fencing, his agents, independent contractors, servants, and employees from any claim whatsoever for damages arising from any loss, injury, or otherwise arising out of the negligence of Mark Holbrow, his agents, independent contractors, servants, employees, or any third party on the premises and agrees to indemnify and hold harmless Mark Holbrow, his agents, independent contractors, servants, or employees from any claim, loss, damage, judgment, or otherwise.

Student's Name: _____

Parent/Guardian Name: _____

Parent/Guardian **Signature**: _____

EMERGENCY Contact Name: _____

Emergency Phone #: _____

Alternate phone #: _____

To pay by check: mail/bring in completed application with your check and release form to:
Bucks County Academy of Fencing
287 South Main Street, Suite #2
Lambertville, NJ 08930