

2018 Preparation Camp Registration Form

Please type on computer, print and return with full payment to:
AGFC 2209 Barry Avenue · West Los Angeles · CA 90064

☐ Session: **Jun 18 - 22** \$550

Total Amount Paid: _____

Make checks payable to AGFC. Discounts available for family members or enrolling in multiple sessions.

Cancellation policy: \$100 administrative fee will be applied to all refunds within 1 week before camp starts. No refunds after the deadline.

Fencer's Name _____

Birth Date _____

Rating _____

Responsible Party _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

Adult T-Shirt Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL

Does participant have any medical conditions or disabilities?

☐ Yes ☐ No

If yes, please describe _____

Special diet requirement: _____

Emergency Contact & Phone Number:

1 - _____

2 - _____

Medical Insurance Information:

Company _____

Policy Number _____

I hereby authorize the staff of AGFC Summer Camp to act for me according to their best judgment in any emergency requiring medical attention for my child. I hereby waive and release the camp from any and all liability for injuries or illnesses incurred while at camp.

Date

Signature of Responsible Party



T: 310 473 8890 · F: 310 473 8860 · email: info@avantgarde.la
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