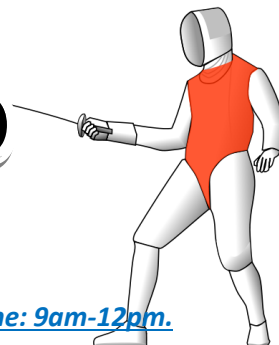


# CLINTON PARKS AND RECREATION

201 KILLINGWORTH TURNPIKE, INDIAN RIVER COMPLEX, ROUTE 81, CLINTON, CT 06413 (860) 669-6901

# BEGINNERS & INTERMEDIATE FENCING CAMP



Location: Morgan Gym

The Dates are July 15th-19th, 2019, Boys and Girls: Currently in Grades 5-8 (as of Sept. 2019), Time: 9am-12pm.

FEE: \$100 (NON-RESIDENTS \$125)

Students will learn classical foil fencing, the traditional beginning weapon of the sport. Fencers will progress from basic foil technique to actual bouts with moderately fast and difficult hand and foot work. Teaching emphasis includes conditioning, hand / eye coordination, basic technique, and the rules and practices of the sport. On Friday there will be a camp competition and parents are encouraged to attend. Basic equipment is provided.

New this year we will be running an intermediate camp for those who have participated in our beginner camp. This camp will continue where the beginner class left off. More advanced techniques will be taught as well as introductions to all three weapons, their rules and strategies.

The camps will take place simultaneously and be run by **Coach Jim Barnett** with help of current Morgan High School Fencers.

Coach Barnett brings more than 30 years of elite competition and coaching experience and is one of the most respected coaches in all of Connecticut. Coach Barnett spent years helping to elevate the Guilford High School program into one of the state's best, and his fencers have gone on to compete for Penn State University, Yale, Rutgers, Haverford, University of North Carolina and Sacred Heart, among many others. In 2012, Morgan Fencing's inaugural year, his Huskies squad ended the season with a third place finish in the State High School team championships. In each of the Huskies first two years, the squad has qualified for the State team championships and had two first team All-State honors and one second team All-State honor.

Students should wear sneakers, shorts, tee shirts and bring sweat pants. Please also bring plenty of fluids and snacks for a mid-morning break.

Please Check Requested Camp: Beginner  Intermediate

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ F/M \_\_\_\_\_

Address: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Email Required: \_\_\_\_\_

Allergies / Medical \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Best Phone: \_\_\_\_\_

I give permission for my child to participate in this program. I understand that the Recreation Department, the Town of Clinton, and any other person will not be responsible for any injuries as a result of participating in this program. I understand that I must carry my own accident and liability insurance for my child. I am familiar with the inherent risks of this program.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICE USE: PAYMENT AMT: \_\_\_\_\_ CHECK#/CASH : \_\_\_\_\_ DATE \_\_\_\_\_

Return this form to the P & R Facility or Register Online at <https://parkrec.clintonct.org>