

H)-ellerup
F)-encing
K)-amps
Hellerup
Denmark



EPEE for
YOUTH 12, YOUTH 14
and YOUTH 17.

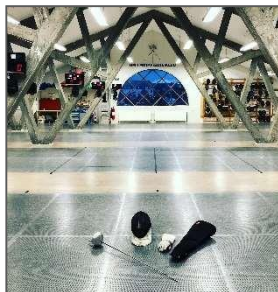


Monday 20th, Tuesday 21th, Wednesday 22th July 2020

9am to 3pm



Welcome



CREATION OF HFK AND LATEST EVENTS

- 1944 Foundation of the club
World championships
- 2012 Frederik Von Der Osten,
European junior epee
champion
- 2015 Patrick Jorgensen,
Bronze medal at the world
epee senior championship
- 2019 The Danish men's epee
senior team became vice-
European senior champion

The HFK is excited to make something special for its members. The three days camp of complete immersion in the HFK world with different activities included (swimming, bicycle and fencing...) is a great opportunity for young fencers to have an enriching experience. This camp offers the possibility to train fencing skills during the summer period as well as to enjoy good time doing other sports. This experience, without any doubts, will leave unforgettable memories and contribute to the sport skills development of young fencers. During the camp fencers will be supervised and trained by the Sports chef and Fencing Master Hugo Dergal with the help of other assistants depending on type of activities. U12 and U14 will train together with some of the last season European Cadet Circuit participants and other U17 fencers.

Instructive and beneficial for fencing skills, summer camp is also a chance to share a human experience in the world of sport.

Plan

Subject to change

TIME	MONDAY 20	TUESDAY 21	WEDNESDAY 22
9h00	Collective sport	Bicycle Tour	Collective sport
10h00	Free fencing	Bicycle Tour	Fencing competition
11h00	Footwork	Bicycle Tour	Fencing competition
12h00	Lunch/Rest	Lunch/Rest	Lunch/Rest
13h00	Warm-up	Footwork	Beach/Swimming
14h00	IL & Fencing	IL & Fencing	Beach/Swimming
15h00	End of the day	End of the day	End of the day

(IL = Individual Lesson)

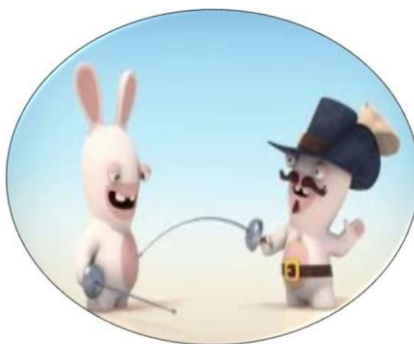
July 20th - 21th- 22th

Arrival of all fencers directly at the fencing club. The hall will be open by the organizer at 8.30am.

The pick-up time is at 3pm directly at the fencing club.

MORE?

The official picture of the camp will be send by e-mail to all the participants



Hellerup fencing club
Strandparksvej 46
DK-2900 Hellerup
DENMARK

<https://hellerupfaegteklub.dk/>
sportschef@hellerupfaegteklub.dk
+45.60.21.20.87

General information



Hellerup fencing club
Strandparksvej 46
DK-2900 Hellerup
DENMARK

CATEGORIES

Youth 12, youth 14, youth17

DEADLINE FOR INSCRIPTIONS

July the 3rd of 2020

To register for the camp, you need to fill the registration file + the medical slip (the medical slip is voluntary, should be decided by the parents) and give it to the responsible of the camp - Hugo Dergal.

PRICE

0 DKK – FREE FOR THIS YEAR (sport activities, fencing and individual lessons are included – The participants have to bring their own meals for the lunch time and snack for the breaks, water, fruit etc.)

CANCELATION

It is possible to cancel at any time before the beginning of the camp, please contact the responsible of the camp - Hugo Dergal.

INSURANCES

(Insurances part is voluntary, should be decided by the parents)

As a part of registration please fill the medical slip and prepare the printed photocopy of the yellow health insurance card. In the events of accident, the organizer disclaim responsibility.

EQUIPMENT FOR FENCERS

- 1 complete fencing outfit
- 1 (epee body cord and a small repair kit)
- 2 epees minimum
- 2 pairs of sneakers (in and out)
- 1 tracksuit and several tee-shirts 1 bike and helmet
- 1 swimsuit and a bathing cap

SUPERVISING

The instruction and the guidance of the camp are trusted to the Fencing Master Hugo Dergal. The different members of the camp's staff are also instructors. Each member of the staff will take care of the fencers in order to provide the best quality of security.

<https://hellerupfaegteklub.dk/>
sportschef@hellerupfaegteklub.dk
+45.60.21.20.87

Inscription

Hellerup Fencing Kamp

Hellerup Denmark 20 – 22.6.2020

Family name: _____ First name: _____

date of birth: _____ age: _____

address _____

Post Code: _____ City: _____ Country: _____

e-mail of parents: _____

home phone: _____ Work phone: _____ Cell phone: _____

Parents name (if different from student) _____

Fencing

Licence number: _____ FIE: _____ Ranking national: _____

your club: _____ your fencing master: _____

PRICE for THE CAMP

0 DKK – FREE FOR THIS YEAR (sport activities, fencing and individual lessons are included – The participants have to bring their own meals for the lunch time and their snack breaks, water, fruit...)

TRAVEL ARRANGEMENTS

Under your's own steam, by train or by car (at your expense). The responsible of the camp will be each day of the camp at the club at 8.30 in order to open the club and welcome the students.

AUTHORIZATIONS

I, _____ the undersigned, tutor of the child, authorize my child to participate in travel with the Hellerup Fencing Kamp for all activities + public or private transports if needed.

Signature: _____

I, _____ the undersigned, tutor of the child, declare all the information on the medical slip exact and give authorization to the person in charge of the camp to secure all the medical treatment needed in case of illness of my child.

Signature: _____

Please join to your inscription:

- a photocopy of your social security card
- an insurance attestation valid in Denmark
- a photo Id of the student.

MediCaL sLIP /.

This form allows for useful information during the camp. It will be returned at the end of the camp. This form is voluntary, should be decided by the parents.

FAMILY NAME: _____ First name: _____

Date of _____ Male: Female:

Date of stay: _____

Vaccinations (refer to the health book or vaccination certificates of the child).

Vaccines obligators	yes / no	Booster	Recommended Vaccines	dates
diphtheria	<input type="checkbox"/> <input type="checkbox"/>		hepatitis b	
Tetanus	<input type="checkbox"/> <input type="checkbox"/>		Mumps / Measles / Rubella	
Poliomyelitis	<input type="checkbox"/> <input type="checkbox"/>		Whooping cough	
or DT polio	<input type="checkbox"/> <input type="checkbox"/>		other (specify)	
BCG	<input type="checkbox"/> <input type="checkbox"/>			

If the child have not, why?)

CHILD'S MEDICAL INFORMATIONS

Does the child have a treatment? yes no

Attach a recent prescription and drugs related (medicines in their original packaging marked with the name of the child with instructions for use).

No medication may be taken without has prescription.

Does the child have the following illness?

yes no Rubella yes no Chickenpox yes no Angina
 yes no scarlet fever yes no Whooping cough yes no Rheumatism
 yes no otitis yes no Measles yes no Mumps

Allergies: yes no Asthma yes no Treatment
 yes no Food other: _____

Recommendations from the parents: _____

Other health problems (illness, accidents, convulsive crises, hospitalizations, operations, re-educations: _____

Your child is there lenses, eyeglasses, hearing aids, dentures, etc ...: _____

I, _____ the undersigned, tutor of the child, declare all the information on the medicalslip exact and give authorization to the person in charge of the stay to secure all the medical treatment needed in case of illness of my child.

Date and signature: _____