

AKA SPORT

HANDBALL

2ND AND UP

SEPT. 20, 2021 TO DEC. 10, 2021 *



AKAJUDOLLC@GMAIL.COM

TUESDAY & THURSDAY

@ 3:30 PM TO 4:30 PM

\$300 **

LIMITED PLACE

**ACTIVITIES WILL BE SUGGESTED IN ACCORDANCE WITH THE CDC AND
THE LOCAL PUBLIC HEALTH GUIDANCE.**

**Except breaks and holidays*

*** No refund after registration*

HANDBALL REGISTRATION FORM

Student Name :

Date of Birth :

Guardian/Parents Name :

Address :

Phone # 1:

Phone # 2

Email :

Handball Fees

Tuesday \$300 <input type="text"/>	Thursday \$300 <input type="text"/>	Tuesday & Thursday \$500 <input type="text"/>
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\$ _____ check enclosed payable to AKA JUDO LLC

Check Number :

or

Venmo : @Herve-Aka



Registration Form , Waiver Form and payment must be returned for confirmation .
(All fees paid will not be refunded after registration)

Date :

Parents signature :

Parents Form Information 2021-2022

Handball

Student Athlete Name :-----

Grade :----- Date of Birth :-----

Guardian/Parent Name :-----

Address :-----

Phone # 1: -----Phone # 2 : -----

Email :-----

Insurance compagny and policy Number (**Mandatory**)

Name and phone # of responsible party if parents cannot be reached :

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

Handball 2021-2022

I acknowledge and fully understand that Handball is a Team sport with contact that might result in serious injury, illness or disease, due not only to my own actions, inactions or negligence, but also the actions, inactions of participant or negligence of others, the rules of the sport of Handball, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

Knowing the risks involved in the sport of Handball, I assume all such risks and accept personal responsibility for the damages following such injury, illness, disease, permanent disability or death.

To the extent permitted by law and knowing the risk of this judo activity, I hereby release, waive, forever discharge, and agree to hold harmless AKA JUDO & SPORTS LLC. Their employees and their agents from any liability whatsoever arising out of my child's participation in AKA JUDO & SPORTS LLC activity, including but not limited to, medical bills, court costs and attorney's fees, any damage to my property or, the property of others, or to others through my child's participation in this program.

I fully understand the contents, consequences and implications of signing this document and I agree to be bound by this document.

Parent or legal guardian must print and sign name below and indicate date signed.

Print Student Name :

Print Parent(s) Name

Signature :

Email : ----- Date :-----

Consent to photograph or video a student athlete for non- profit use 2021-2022

Student Athlete Name: _____ Grade : _____

Guardian/Parent Name : _____,

I hereby consent to the taking of photographs, movies or video tapes of the Student named above by AKA JUDO LLC employee or volunteer and any professional taking photos or video on behalf of AKA JUDO LLC.

I also grant to AKA JUDO LLC the right to edit, use, and reuse said products for non- profit purposes including use in print, on the internet (blog and website, professional facebook), and all other forms of media.

_____ I agree, you may photograph, film, video tape, and quote my child

_____ I disagree, Please DO NOT photograph, film, video tape, or quote my child

Signature of Parent/Guardian : _____ Date: _____

Address of Parent/Guardian: _____
