

A K A S P O R T & J U D O

Sports Fall Camp 2021



Camper : (KG and Up)

Day Time : 9:00 AM to 3:00 PM

(Aftercare not available)

Students have to provide their Lunch.

For more information, please contact your Coach Herve:

akajudollc@gmail.com



8403 Aero drive, San diego,
CA, 92123

Join the Sport Camp !

Friendship, have fun, build new skills & sports for all.

Tennis, Baseball*, Frisbee, Hockey, Soccer* Handball* Pétanque, Basketball*, Roller, Bike, and Scooter Parkours, Dodgeball and other...

Fall Camp information

OCT 18th-22nd

9am-3pm

PRICE : \$290 per week (Lunch not provided)

The camp will be open with a **minimum of 8 students**. A confirmation will be sent to you after registration is completed.



LIMITED PLACE

AKA JUDO LLC & SPORTS

**FALL SPORTS CAMP REGISTRATION FORM
2021
(OCT 18th – 22nd)**

Student Name :

Date of Birth :

Guardian/Parents Name :

Address :

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

Phone # 1:

Phone # 2

Email :

FALL SPORTS CAMP

Fall Camp	OCT 18th-22nd
	\$290
	<input type="text"/>

\$ _____ check payable to AKA JUDO LLC

Check Number :

VENMO :



AKA JUDO
@akajudosports

Forms to be returned : Registration Form and Waiver **with payment.**
(All fees paid will not be refunded after registration)

Date :

Parents signature :

AKA JUDO LLC & SPORTS

Waiver and Release Form Fall Sports Camp (Oct 18th-22nd , 2021)

Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the summer recreation program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages , Covid-19 disease or which may hereafter occur to my child as a result of their participation in said summer program. This release is intended to discharge in advance the AKA SPORTS & JUDO LLC, its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities and the reopening Summer camp during the Codid-19 pandemic involve an element of risk of Covid-19 disease or danger of accidents or and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

Consent of the Parent or Guardian

I give consent for my child, _____ to participate in the above summer program, and I execute the above liability release on my child's behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that AKA SPORT&JUDO LLC will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form and agree to all of its terms and conditions.

Parent/Guardian Name and Signature:

Date

I have read and understood the foregoing CDC guidance with the link below:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/camp-planning-tool.pdf>

Parent/Guardian Name and Signature:

Date

I have read and understood the foregoing the Local Public Health guidance with the link below:

<https://covid19.ca.gov/pdf/guidance-daycamps.pdf>

Parent/Guardian Name and Signature:

Date