

AKA Judo & Sports

Fall Sports

Camp

KG & Up

Oct 17-21

9am-3pm \$300
(discount 10% for sibling)



For more information, please contact your Coach Herve:
akajudollc@gmail.com



FUN & FRIENDSHIP
&

Sports for all

Judo initiation, Basketball, Soccer, Handball, Dodgeball, ballon prisonnier, Tennis, Baseball, Flag football, Bike, Scooter, Roller skate, Treasure Hunt and more...



AKA JUDO LLC & SPORTS

FALL SPORTS CAMP REGISTRATION FORM
(April 17- 21)

Student Name :

Date of birth :

Guardian/Parents Name :

Address :

Phone # 1:

Phone # 2

Email :

FALL SPORTS CAMP

<p>Fall Camp 17-21 (discount 10% for siblings)</p> <p>\$300</p> <input type="text"/>

\$ _____ check payable to AKA JUDO LLC

Check Number :

VENMO :



AKA JUDO
@akajudosports

The complete registration form and the waiver must be returned.
(All fees paid will not be refunded after registration)

Date :

Parents signature :

AKA JUDO LLC & SPORTS

Waiver and Release Form FALL Sports Camp (Oct 17-21)

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 Covid-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