

**AKA Judo & Sports**



# **SUMMER SPORT CAMP**



**9am-3pm**

**KG & Up**

**June 26th- July 14th**

**\$300  
per week**

**FUN & FRIENDSHIP**

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



*Sports for all*





# SUMMER CAMP REGISTRATION FORM

**JUNE 26th - July 14th, 2023**

Student Name :

DOB:

Guardian/Parents Name :

Address :

Phone # 1:

Phone # 2

Email :

<b>June 26th - June 30th</b> \$300 <input type="text"/>	<b>July 3rd-7th</b> <b>(no class on July 4th)</b> \$300 <input type="text"/>
<b>July 10th-14th</b> \$300 <input type="text"/>	

\$\_\_\_\_\_check payable to AKA JUDO LLC

Check No : \_\_\_\_\_



**NEW Venmo** : @akajudosports

**Date :**

**Parents signature :**

**IMPORTANT Limited places.  
Registration Form and payment must to be returned for confirmation.**

**All fees paid will not be refunded after registration.**

**WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE**

**AKA Judo & sports Camp, Summer Camp 2023**

**I acknowledge and fully understand that judo is a contact sport 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 Judo, 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 Judo, 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 LLC. Their employees and their agents from any liability whatsoever arising out of my child's participation in AKA JUDO 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 :-----*