

AKA Judo & Sports



Summer Camp 2025 with Herve Aka

KG & Up

July 21-25

July 28-August 1

9am-3pm \$300



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 USA

Summer Camp Registration Form July 21th – August 1st, 2025

Student Name :

DOB:

Guardian/Parents Name :

Address :

Phone # 1:

Phone # 2

Email :

Week 1 July 21 - 25 \$300 <input type="text"/>	Week 2 July 28 – August 1 \$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.



AKA JUDO USA

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

At the AKA Judo & Sports camp, July, 21st – August 1st

I acknowledge and fully understand that Judo and other general sports activities involve physical contact and may result in serious injury, illness, or disease. These risks may arise not only from my own actions, inactions, or negligence but also from the actions, inactions, or negligence of others, the rules of the sport, the conditions of the premises, or any equipment used. Furthermore, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

Knowing the risks involved in general sports and Judo, I assume all such risks and accept personal responsibility for any injury, illness, disease, permanent disability, or death that may result from my participation.

To the extent permitted by law and with full awareness of the risks of these activities, I hereby release, waive, forever discharge, and agree to hold harmless AKA JUDO LLC, its employees, and its agents from any liability whatsoever arising out of my or my child's participation in any AKA JUDO LLC activity. This includes, but is not limited to, medical expenses, court costs, attorney's fees, damage to my property or the property of others, or any harm caused to others as a result of my or my child's participation in the program.

I have fully read, understood, and accepted the contents, consequences, and implications of signing this document, and I agree to be legally bound by its terms.

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

Print Student Name :

Print Parent(s) Name

Signature :

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



AKA JUDO USA

Parents Information

Student Athlete Name _____

Grade : _____ DOB _____

Guardian/Parent Name _____

Address _____

Phone # 1 _____ Phone # 2 : _____

Email _____

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