

AKA Judo & Sports



Summer Camp 2025 with Herve Aka

KG & Up

July 21-25

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

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

At the AKA Judo & Sports camp, July, 21 – 25, 2025

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 :-----



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 :



AKA JUDO USA

Summer Camp Registration Form July 21 – 25, 2025

Student Name :

DOB:

Guardian/Parents Name :

Address :

Phone # 1:

Phone # 2

Email :

<p>Week 1 July 21 - 25 \$300</p> <div></div>

\$_____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.