



UNITED STATES JUDO ASSOCIATION

USJA Summer Camp Application

USJA National Headquarters, 21 North Union Boulevard, Colorado Springs, Colorado 80909-5742
Telephone: 719-633-7750 Fax: 719-633-4041 Email: usja@usja-judo.org

Section 1—Camp Information

Name of Camp: _____

Dates: _____ Camp Cost: \$ _____

A non-refundable \$50.00 deposit (\$30 for Jr. Nationals Judo Camp) or the full camp fee is required with your camp application. Make checks to "USJA" and mail to: USJA, 21 North Union Boulevard, Colorado Springs, CO 80909.

Note: the Warning, Waiver, Release of Liability and Agreement to Participate on the reverse side *must* be filled out in order to participate.

Section 2—Information on Applicant

Name: _____ Telephone: (____) _____

Address: _____ Birth Date: _____ Age: _____

City: _____ Junior (under 17) or Senior (17 & over)

State: _____ Zip: _____ Sex: Male Female

Martial Art: _____ Rank: _____

Coach: _____ Email Address: _____

Section 3—Affiliation

Affiliation: USJA USJI USJF

For insurance purposes, campers must be a member of one of these three national judo organizations. Non-Members must register with the USJA when they register for camp (attach Membership Application to this form when mailing).

USJA membership fees are \$40.00 for an Annual Membership, and \$300 for a life Membership (with \$100 credit).

Membership #: _____ Insurance Expiration Date: _____

Section 4—Payment Information

My Camp deposit of \$50.00 is enclosed My full camp fee of \$ _____ is enclosed.

Payment Method: Visa MasterCard Discover Check Money Order Cash

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Authorized Signature: _____



United States Judo Association

Warning, Waiver, Release of Liability and Agreement to Participate

USJA National Headquarters, 21 North Union Blvd., Colorado Springs, CO 80909-5742
 Telephone: (719) 633-7750 FAX: (719) 633-4041 Email: usja@csprings.com

In consideration of being permitted to participate in any way, including travel to and from, in any judo tournament, practice, clinic, and related events and activities of the **United States Judo Association, United States Judo, Inc., United States Judo Federation**, as well as _____, I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
2. Agree that prior to participation, I will inspect the mats, equipment, facilities, competition pools or divisions, and the elimination or scoring system to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor **and/or a tournament official** of such conditions and refuse to participate.
3. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due not only to my own actions, inactions or negligence, but also to the actions, inactions or negligence of others, the rules of the sport of judo, or conditions of the premises or any equipment used. Further I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
4. Knowing the risks involved in the sport of judo, assume all such risks and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive, discharge and covenant not to sue the **United States Judo Association, United States Judo, Inc., United States Judo Federation**, as well as _____ together with their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of the premises used in conducting the event, all of whom are hereinafter referred to as "releasee", from any and all claims, demands, losses, or damage on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise, to the fullest extent permitted by the law.
6. Additionally agree that as parents or legal guardians of minor participants (age 18 and below), will instruct the minor participants to the above warnings and conditions and their ramifications, and that they consent to the minors participation.

I HAVE READ THE ABOVE WARNING, WAIVER, RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED, AND DO SO ENTIRELY ON MY OWN FREE WILL.

_____ Participant (printed name)	_____ Participant (Signature)	_____ Date
_____ Parent/Guardian (printed name)	_____ Parent/Guardian (Signature)	_____ Date
_____ Parent/Guardian (printed name)	_____ Parent/Guardian (Signature)	_____ Date