

Seiei Dojo

presents

USJF Sanction # 17-11-17

SEIEI BOOT CAMP

Venue: Seiei Dojo

12611 Northup Way, Suite 300

Bellevue, WA 98005

Every 2nd Saturday of the month

3:00 pm to 6:00 pm

Fee: \$5.00 per person

(Senseis are free)

For more information, please contact

June Encarnacion

info@seieidojo.com

425-558-0220

Online sign up at <http://www.seieidojo.com/boot-camp/>





Martial Arts and Fitness Center

12611 Northup Way, Suite 300, Bellevue, WA 98005
(425)558-0220

Seiei Dojo Judo Boot Camp

Seiei Dojo is hosting and inviting all judokas ages 7-17 years old to the “Seiei Judo Boot Camp”. This Judo Boot camp is a great opportunity for our young judokas from the Northwest to gather and train together every 2nd Saturday of the month. You can sign up online here, <http://www.seieidojo.com/boot-camp/>

Boot Camp Director: June Encarnacion

Host: Seiei Dojo

Date: November 11, 2017- November 18, 2018

Sanctioned By: United States Judo Federation

USJF Sanction Number : 17-11-17

Address: Seiei Dojo, 12611 Northup Way, Suite 300, Bellevue, WA 98005

Fee: \$5.00

Requirement: USJF, USJA, USA Judo & Judo Canada card is required. All participants must show a current USJF, USJA, USA Judo or Judo Canada Card to participate in the training camp.

Time: 3:00 pm to 6:00 pm

- 3:00 pm-3:30 pm.....strength and endurance training
- 3:30 pm-3:45 pm.....Newaza instruction/practice
- 3:45 pm-4:30 pm.....Newaza Randori
- 4:30 pm-4:35 pm.....Break
- 4:35 pm-5:00 pm.....Tachiwaza instruction\practice
- 5:00 pm-5:55 pm.....Tachiwaza-randori
- 5:55 pm-6:00 pm.....Cooling Down\End

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USJF Sanction Number: 17-11-17

November 11, 2017-November 18, 2018

Every 2nd Saturday of the month

Last Name _____ First Name: _____ M.I. _____

Address: _____

_____ City _____ State _____ Zip Code _____

Dojo\Club: _____ Rank _____

Instructor\Coach _____

Email: _____

Birth Date: _____ Sex: Male Female

Affiliation:

USJF USJA USA Judo Judo Canada

Membership No. _____ Expiration Date _____

Signature of Parent or Legal Guardian

Emergency Telephone Number

If assistance/accommodation is needed (check off appropriate box):			
<input type="checkbox"/>	Vision Loss/Blindness	<input type="checkbox"/>	Hearing Loss/Deafness
Type of assistance/accommodation requested or name of person assisting: _____			

Certification Regarding Contestant's Ability

I, _____, a judo instructor, who has been awarded the judo rank of Shodan or higher, under the auspices of the United States Judo Federation, Inc., United States Judo Association, Inc., USA Judo, Inc., or other recognized national federation of judo, hereby certify that _____ is of sufficient aptitude and skill in judo to participate in this clinic.

Name of Instructor/Coach

Signature

Date

WARNING!

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

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 (“Activity”) of the **United States Judo Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Northwest Judo Yudanshakai, Inc., and the Seiei Judo Club**, I agree:

1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I also understand the rules governing the sport of Judo.

2. I further acknowledge that prior to participating, 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. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, 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 of 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, I assume all such risks and accept personal responsibility for the damages following such injury, illness, disease, permanent disability, or death.

5. I hereby release, waive, discharge and covenant not to sue the **United States Judo Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Northwest Judo Yudanshakai, Inc., and the Seiei Judo Club**, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all litigation expenses, attorney fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/LEGAL GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant

Participant’s Signature

Date

**FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child’s participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Parent/Legal Guardian

Parent/Legal Guardian’s Signature

Date