

CAMP BUSHIDO JUDO & JIU JITSU CAMP

CAMPER REGISTRATION FORM

Please use a separate Registration Form for each Camper. Camp Deposit \$75 per person.
Mail completed forms to the address below or turn them in at camp..

Name _____ Telephone #1 (_____) _____

Street Address _____ Telephone #2 (_____) _____

City / State / Zip _____ Email Address _____

Sex: ___ Male ___ Female Date of Birth _____ Age _____

Martial Arts Club / School _____ Coach / Instructor _____

School Address _____ City / State / Zip _____

National Organization: ___ USJA ___ USJF ___ USAJudo ___ AAU ___ Other _____

Membership Number _____ Expiration Date _____ Your Belt Rank _____

Camp Program Interests: ___ Judo ___ Ju Jitsu ___ Promotion Skills Review
___ Coaches Certification ___ Kata Certification

My T-Shirt Size: CHILD SIZES ___ Small ___ Medium ___ Large

ADULT SIZED ___ Small ___ Medium ___ Large ___ XL ___ XXL ___ XXXL

Camp Pictures:

The camp will be providing pictures during camp this year. The picture package will include a 4x6 color group picture.

Additional Sets Requested _____

Mail Completed Forms and Deposit To:

Camp Bushido
3168 Condo Court, #B
Santa Rosa, CA 95403

Contact Us At:

Joa Schwinn (707) 523-3200
Hans Ingebretsen (408) 377-1787

Email: info@campbushido.com For camp forms and information visit our websites: www.campbushido.com

HEALTH INFORMATION

Emergency Contacts:

Name _____ Relationship _____ Telephone (_____) _____

Name _____ Relationship _____ Telephone (_____) _____

Medical Insurance: Policy Holder _____ Policy Number: _____

HEALTH INFORMATION RELEASE, WAIVER, AND ACKNOWLEDGEMENT

Do you have any known physical, medical, psychological, mental, or emotional conditions including any current or past serious injuries, operations, or chronic illnesses would restrict your participation in camp in any way? If so, please fill out the camp "HEALTH INFORMATION SHEET". Otherwise, if you do not have any of the of the above described conditions, read and sign below.

I hereby acknowledge I do not have any known physical, medical, psychological, mental, emotional conditions including any current or past serious injuries, operations, or chronic illnesses which would restrict my participation in camp in any way? I further acknowledge that I am not taking any medications.

Participant's Printed Name

Participant's Signature

Date

WARNING! WAIVER AND RELEASE OF ABILITY AND AGREEMENT TO PARTICIPATE

In consideration of being permitted to participate in Camp Bushido West , including travel to and from the camp, and any and all related events and activities of Twin Cities Judo, Old Oak Ranch, the United States Judo Association, United States Judo Federation, California Judo, Inc. United States Judo, Inc., 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 premises used to conduct the event, and each of them, hereinafter referred to as the "Indemnitees", I hereby:

1. Acknowledge that I am familiar with the sport of Judo, JuJitsu, and understand the rules governing the sports.
2. Agree that prior to participating, I will review and inspect the grounds and facilities, training facility, mats, equipment, , curriculum, and if I believe anything is unsafe or beyond my capability, I will 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 to not only my own actions, inactions, or negligence, but also to the actions, inactions, or negligence of others, the rules of the sports of Judo, JuJitsu, and Wrestling, 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 and JuJitsu I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
5. Release, waive, discharge, covenant not to sue, and indemnify the Indemnitees from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the Indemnitees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISK 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant's Printed Name

Participant's Signature

Date

FOR PARENTS/GUARDIANS OF CAMPERS UNDER AGE 18 AT TIME OF REGISTRATION

This is to certify that I, as parent/guardian with legal responsibility for this participant, I hereby

1. Attest and acknowledge that the participation information above has been completed to the best knowledge of the parent/guardian and the participant. Furthermore, that all information provided is true and accurate. Both the parent/guardian and the participant will assume responsibility for restricting activities and exercise good judgment in regard to the participant's health, safety and well-being, while participating in this program.
2. In addition, both the parent/guardian and participant certify that the named participant has completed a physical within the past three years and is in good health. In the event of an emergency affecting the named participant, the undersigned hereby authorizes and gives permission for the participant to receive medical treatment at my expense, as necessary while attending the camp.
3. Consent and agree to release, waive, discharge, covenant not to sue, and indemnify the Indemnees listed herein above, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or 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/Guardian's Printed Name

Parent/Guardian's Signature

Date

HEALTH INFORMATION

Emergency Contacts:

Name _____ Relationship _____ Telephone (____) _____

Name _____ Relationship _____ Telephone (____) _____

Medical Insurance: Policy Holder _____ Policy Number: _____

Does the participant have any allergies? (Please list): _____

Note: If you have severe allergies to bees or peanuts you must have your prescribed medications with you at camp.

Does the camper have any medical conditions, serious injuries, operations, or chronic illnesses that would restrict their participation in camp in any way? (Please describe in detail) _____

Are there any mental, physical, or social difficulties that may affect the participant during the camp? (Please describe in detail) _____

Is the participant on any medications? (if yes, please detail below)

Medication Name _____ Used for _____

Refrigeration required? ___ Yes ___ No Dosage and time taken _____

Taken this medication for more than 30 days? ___ Yes ___ No

Medication Name _____ Used for _____

Refrigeration required? ___ Yes ___ No Dosage and time taken _____

Taken this medication for more than 30 days? ___ Yes ___ No

Please check any conditions that the participant has experienced:

___ Asthma ___ Respiratory Difficulties ___ Fainting ___ Fainting

___ Convulsion ___ Sleep Walking ___ Restlessness

___ Headaches ___ Stomach Problems

___ Heart Problems ___ High Blood Pressure

Does the participant experience any of the above conditions on a regular basis or experience any other conditions not listed? (If yes, please detail) _____

Has the participant had any of the following communicable diseases? (please check)

___ Measles ___ German Measles ___ Mumps (left side) ___ (right side)

Others? _____

Please list the last year of immunization or booster shots for:

___ Measles ___ German Measles ___ Mumps ___ Polio ___ Tetanus

Others? _____

Has the participant been exposed to any communicable diseases within the last two weeks? (If yes, please detail) _____

Please provide in detail any further information which may help the camp officials determine how to best deal with any matters which may require medical attention during camp, including any unlisted conditions or possible issues which may arise. _____

PLEASE CHECK HERE AND USE THE BACK OF THIS FORM IF MORE ROOM IS NEEDED