

**USA JUDO
INTERNATIONAL
Junior and Senior
TRAINING CAMP 2010**



Hosted By: BECERRA JUDO CLUB

AT

Gale Field Recreation Center

1701 Dairy Rd
Garland, Tx
(972-205-3090)

June 4th through June 6th

June 4 th Friday:	5:00PM to 9:00PM
June 5 th Saturday:	9:00AM to Noon 2:00PM to 5:00PM
June 6 th : Sunday:	9:00AM to Noon

COST: \$30.00 Pre-Registration *
\$40.00 At The Door

* Pre Registration Due BY 26 May 2010

Camp Managing Director:

BERT BECERRA

Camp Training Director:

Gary Norton

Mat Supervisor:

Rita Law

For more information contact: Bert Becerra 214-682-4624

All Participants must have a valid USJI, USJF, or USJA membership card and a signed waiver to attend. For the participants whose parents will not be attending or traveling with, you must have a medical power of attorney.

SANCTIONED THROUGH TEXAS JUDO, INC.

**USA JUDO
INTERNATIONAL
Junior and Senior
TRAINING CAMP 2010
REGISTRATION FORM**

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Birth Date (Month-Day-Year): _____

USJI, USJA, or USJF Membership Number: _____

WAIVER MUST BE SIGNED

NO REGISTRATION WILL BE ACCEPTED WITHOUT PROPER SIGNATURES



Send registration and signed waiver along with check or money order payable to Bert Becerra to:

BERT BECERRA
1001 Heritage Dr.
Garland, Tx 75043

Pre-registration must be postmarked no later than May 26, 2010

**Suggested Hotel:
Best Western Executive Inn
12670 E. NW Hwy
972-613-5000**

WARNING:

Waiver and Release of Liability and Agreement to Participate

In consideration of being permitted to participated in any way, including travel to and from the USA JUDO International Junior Training Camp and related events and activities of United States Judo, Inc., United States Judo Association, United States Judo Federation, Texas Judo, Inc., Becerra Judo Club, Gale Fields Recreation Center, Garland Parks and Recreation Department, I hereby:

Acknowledge that I am familiar with the sport of judo, and understand the rule governing the sport of judo.

Agree that prior to participating, I will inspect the mats, equipment, and facilities to be used and if I believe anything to be unsafe or beyond my capabilities, I will immediately advise my coach, supervisor, and or camp director or official of such conditions and refuse to participate.

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 judo or conditions of the premises of any equipment use. 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, permanent disability, or death.

Release, waive, discharge, and covenant not to sue the United States Judo, Inc., United States Judo Association, United States Judo Federation, Texas Judo, Inc., Becerra Judo Club, Gale Fields Recreation Center, Garland Parks and Recreation Department together with their affiliated clubs, respective administrators, directors, agents, coaches and other participants, their parents, guardians, supervisors, coaches, sponsoring agencies, sponsor, advertisers, and if applicable, owner, lessors, and lessees of premises used to conduct the event, all of who are hereinafter referred to as "release" from and all claims losses or damaged on account of injure, including permanent disability and death and damage to property, caused or alleged to be caused, in who or in part of negligence of the release of the fullest extent of the law.

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

Participants Printed Full Name: _____

Signature: _____ Date: _____

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

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all Releases and for myself, or my heirs assign and next of kin, I release and agree to indemnity and hold harmless the Release's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above even if missing from their negligence top the fullest extent permitted by law. I have instructed the minor participant as to above warning and conditions and their ramifications.

Participants Printed Full Name: _____

Signature: _____ Date: _____

