



International Junior Judo Camp

- Coaching by World Renowned International Coach Gerald Lafon,
- Trainer of an Olympian and National Champions and assisted by Coach Ron Landry, USA Judo Regionally Certified Coach
- Train with athletes from the Bahamas, US and around the world
- Participate in two international tournaments held here in the Bahamas
- Limited class sizes for maximum learning

When: Week 1: July 6-9 & July 11 AND Week 2: July 13-16 & July 18

Times: 8:30am- 3 pm Monday thru Thursday AND Saturday 1 –4 pm

Where: All-Star Family Centre, Joe Farrington Road, Nassau, Bahamas

Who: athletes, ages 7-19

Cost of the Camp

Camp Tuition: US\$250 per week includes tournament at end of week on Saturday
Lunch at camp is included. Homestay for athletes include breakfast and dinner.
Please remember to bring sleeping bag and swimsuit.

Camp is on a week to week basis. Multiple weeks are possible

Space is Limited

Registration Deadline: June 15

Make check payable to **D'Arcy Rahming**

Mail application and payment to:

D'Arcy Rahming

1811 NW 51st St. #2672

Ft. Lauderdale, FL 33309, USA

Contact information: (242) 364-6773 or daishihan@gmail.com



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APPLICATION

Athlete's Name: _____

Sex: Male or Female Date of Birth: _____

Address: _____

City _____ State _____ Zip _____

Country _____

Parent's Name: _____

Email: _____ Home Phone: () _____

Cell Phone: () _____

Judo Club: _____

Judo Instructor: _____

Week(s) of attendance (Please circle): **Week 1** July 6-11, 2009

Week 2 July 13-18, 2009

Contact: D'Arcy Rahming

Bahamas Address: PO Box N8784, Joe Farrington Road, Nassau, Bahamas

US Address: 1811 NW 51st St. #2672, Ft. Lauderdale , FL 33309

(242) 364-6773

WAIVER FORM

As a willing participant in the 2009 International Junior Judo Camp, I hereby:

1. Acknowledge that the sport of Judo is a contact sport and understand the rules governing such sport.
2. Agree that I am in good physical condition and that I have no disability, impairment or ailment that would prevent me from engaging in the sport of Judo and that would be detrimental or harmful to my health, safety, comfort or physical condition if I so engage or participate in said event.
3. Agree that engaging in said event may result in serious injury, including permanent disability or death, and agree to participate at my own risk.
4. Agree that I will not hold the Bahamas Judo Federation, All-Star Family Centre, D'Arcy Rahming, their representatives, volunteers, officials, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, advertisers, owners of premises liable for any claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to property.

FOR PARTICIPANTS AGE 18 AND ABOVE AT TIME OF REGISTRATION

This is to certify that I have read the above statement and agree to its said terms. I affirm that I am at least 18 years of age at time of signing.

Participant's Signature _____ Date _____

FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION

This is to certify that I have read the above statement and agree to its said terms. I affirm that I am the parent/guardian for this participant and hold legal responsibility for the participant.

Participant Name _____ Age _____

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____ Date _____

MEDICAL RELEASE FORM

Function: International Junior Judo Camp, Nassau, Bahamas

Athlete's Name: _____

Address: _____

City/State/Zip Code: _____

Country: _____

Date of Birth: _____ **Sex:** Male/Female

Parent's Cell: (____) _____ **Home:** (____) _____

EMERGENCY PHONE NUMBER OTHER THAN PARENT OR GURDIAN

Name: _____ **Phone:** _____

Primary Medical Insurance Co. _____

Group No. _____ **Policy No.** _____

KNOWN ALLERGIES OR OTHER PERTINENT MEDICAL INFORMATION:

Recognizing the possibility of physical injury associated with judo and in consideration for All-Star Family Centre and D'Arcy Rahming and all its affiliates accepting the registrant for its judo programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify All-Star Family Centre and D'Arcy Rahming, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of the mats and the facilities utilized for the programs, against any claim by or on behalf of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical exam by a physician and has been found physically capable of participating in the programs.

Therefore, I grant _____ and/or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of parent/guardian: _____ Date: _____