



2013 Keiko Fukuda Joshi Judo Camp

Friday July 18, 2014 – Sunday July 20, 2014

<http://www.fukudajudocamp.org>

USJF Sanction #14-07-01

Location:

**590 N 6th St
San Jose, CA 95112**

Housing: San Jose State University

Be Strong, Gentle and Beautiful in Mind, Body and Spirit is Sensei's motto. At Joshi Judo Camp, participants get instruction and practice to develop as female judoka. Joshi Judo Camp is a fun-filled weekend program that features instruction on kata as well as competitive judo.

Instructor:

Eiko Saito Shepherd - 7th Dan

- Instructor at Joshi Judo Camp (1990 – Present)
- Former Instructor Mastudo Police Department
- Former Instructor Southern Illinois University
- Former Shiai Competitor (First woman to compete with Man at the Kodokan)
- USA Judo Certified International Coach
- USA Judo Master Level Class A National Judo Teacher
- USA Judo National Class A Kata Judge (All 7 Katas)
- USJF Class A Kata Instructor
- USJF Kata Chairperson
- USA Judo Vice Kata Chairperson
- National Youth Kata Coordinator (1997 -present)
- 1987 Recipient Ferguson School District Outstanding Contributor to Education Award
- 1993 Women's Head Coach for US Olympic Festival
- 1995 World Bench Press Champion
- Originally from the Kodokan – Tokyo Japan
- Judo Instructor St. Louis Jr. College

2014 Joshi Judo Camp Guest Instructor:

Amarilis Savon Carmenate (Cuba) – Instructor Somerset Academy, Miami, FL

Major Competition Highlights

- 2004 Olympics Athens 52kg – Bronze
- 1996 Olympics Atlanta 48kg- Bronze
- 1992 Olympics Barcelona 48 kg – Bronze
- 2003 World Championships 52kg – Gold
- 1999 World Championships 48kg - Silver
- 1997 World Championships 48kg – Silver
- 1995 World Championships 48kg – Bronze
- 2003 Pan American Games 52kg – Gold
- 1999 Pan American Games 48kg – Gold
- 1995 Pan American Games 48kg - Gold

Eligibility: Participants must present current USJF, USJI or USJA membership card. Those without a valid registration will be required to register with USJF or USJA at registration desk to be allowed to participate.

Keiko Fukuda Joshi Judo Camp Registration

USJF Sanction #14-07-01

Please type or print legibly

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Dojo Name: _____ Instructor's Name: _____

Membership in one of the National Judo organizations is required. A responsible adult must accompany minors.

USJF USJA USJI (USA Judo)

Card #: _____ Expiration Date: _____

If assistance/accommodation is needed: Vision Loss/Blindness Hearing Loss/Deafness
 (Check appropriate box)
 Type of assistance/accommodation requested or name of person assisting:

Camp Fees:

	Before 6/30/2014*	Multi- Discount**	After 6/30/2014	Total
<input type="checkbox"/> 3 days training	\$200.00	\$150.00	\$240.00	\$ _____
<input type="checkbox"/> 2 days training	\$140.00	N/A	\$160.00	\$ _____
<input type="checkbox"/> 1 day training	\$75.00	N/A	\$80.00	\$ _____
<input type="checkbox"/> Housing (must register by 6/30/2014)			Total for Housing	\$ _____

Fees are non-refundable after 7/7/2014

* Discount rate must be postmarked by 6/30/2014

** Multi-discount (This Year Only! 2 or more family members/members from the same dojo – full 3 day training only, must be submitted in the same envelope and postmarked by 6/30/2014)

T-Shirts One T-Shirt is included for campers registered by 6/30/2014
 Additional T-Shirts \$15.00 each (must be ordered by 6/30/2014)

Size	Kids (Short Sleeve)			Adult (Short Sleeve)					Extra T-shirt Total	\$
	M	L	XL	S	M	L	XL	XXL		
QTY										

Total Enclosed \$ _____

Mail Completed Registration Form, Waiver, Housing Form (if applicable) and Check payable to "Keiko Fukuda Joshi Judo Inc." to:

Elaine Abad, 570 Merlot Drive, Fremont, CA 94539

Questions? Email registration@fukudajudocamp.org or call 510.468.3417

2014 Keiko Fukuda Joshi Judo Camp Housing Registration

Camper Information

First	Middle	Last
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Address

City	State	Zip
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Home Phone	Cell Phone	Email
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Emergency Contact Name

Emergency Contact Phone

Housing Preferences

Rooms include linens (sheets, blanket, washcloth, towels, soap) and are either single or double occupancy in a suite of 4 rooms with 2 bathrooms in the suite. Breakfast is included with each night stay. Minors must be accompanied by a registered adult camper.

Please go to Joe West Desk for Check In and Check Out.

Check In Time: 8:00am-10:00pm **Check Out Time: before 3:00pm**

Parking Permits can be purchased at Check In \$10.00/day for garage.

Room Preference	Price
<input type="checkbox"/> Single Occupancy	\$78.00/Night
<input type="checkbox"/> Double Occupancy Preferred Roommate Name	\$59.00/Night

Select Nights Needed

Thursday, 7/17/2014
 Friday, 7/18/2014
 Saturday, 7/19/2014
 Sunday, 7/20/2014 (extended stay)

Total	\$
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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., Central Coast Judo Yudanshakai, Inc., Keiko Fukuda Joshi Judo, Inc., Soko Joshi Judo Club, San Jose State University, San Jose State University Judo Program, San Jose State University Human Performance Department, and the California State University Systems & Board of Trustee, 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., Central Coast Judo Yudanshakai, Inc., Keiko Fukuda Joshi Judo, Inc., Soko Joshi Judo Club, San Jose State University, San Jose State University Judo Program, San Jose State University Human Performance Department, and the California State University Systems & Board of Trustee**, 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