



# Keiko Fukuda's Joshi Judo Camp

July 11-13, 2025

San Jose Buddhist Judo Club  
1050 N 5th Street, San Jose, CA 95112

USJF Sanction #25-07-05

## Instructors:

Eiko Shepherd  
Karol Palacios

Early Bird Registration through June 11, 2025

3-days: \$250 (includes camp t-shirt with registration)

2-days: \$175 (camp t-shirt not included)

1-day: \$100 (camp t-shirt not included)

Additional camp t-shirts: \$25 each (must be ordered by 6/11/2025)

Late Registration after June 11, 2025 (no camp t-shirt)

3-days: \$300

2-days: \$225

1-day: \$150

Host Hotel - La Quinta Inn & Suites by Wyndham

1036 N 4th Street, San Jose, CA 95112

For a discounted hotel rate call (408) 295-0240, mention

"KF Joshi Judo" and ask for Jackie or Sylvia.

\*Scholarships available for USJF members through the  
Keiko Fukuda Scholarship Committee.



## Local Host

Elaine Abad (510) 468-3417 | [geabad@sbcglobal.net](mailto:geabad@sbcglobal.net)

For more information, or to register, please visit:

<https://www.fukudajudocamp.org/register/>



## 2025 Keiko Fukuda Joshi Judo Camp

Friday July 11 – Sunday July 13, 2025

<http://www.fukudajudocamp.org>

USJF Sanction # 25-07-05

### **Location:**

San Jose Buddhist Judo Club

1050 N. 5<sup>th</sup> Street

San Jose, CA 95112

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 - 8th 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

#### **2025 Joshi Judo Camp Guest Instructor:**

#### **Karol Palacios**

Elite athlete, coach, and former Colombian National Team Member. Head instructor of junior class Seattle Dojo. Karol has been practicing judo for 23 years and is multilingual

- USJF Certified Coach representing the NW Yundanshakai
- USJF Certified Instructor
- 2024 World Championships Veterans 63kg – Silver
- 2013 Rainer Cup – Bronze
- 2013 High Mountain Open – Gold
- 2013 Continental Crown – 1st
- 2012 Rainer Cup – 1st
- 2012 Evergreen State Open – 1st
- 2011 Seattle Tournament – 1st
- 2011 Florida Open – 1st
- 2011 Rainer Cup – 1st
- 2010 Golden State Open – 1st
- 2010 US Open Championship – 1st

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

# Keiko Fukuda Joshi Judo Camp Registration

USJF Sanction # 25-07-05

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 6/11/2025*	After 6/11/2025	Total
<input type="checkbox"/> 3 days training	\$250.00	\$300.00	\$
<input type="checkbox"/> 2 days training	\$175.00	\$225.00	\$
<input type="checkbox"/> 1 day training	\$100.00	\$150.00	\$

\* Discount rate must be postmarked by 6/11/2025

## T-Shirts

One T-Shirt is included for campers registered by 6/11/2025

Additional T-Shirts \$25.00 each (must be ordered by 6/11/2025)

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

Total Enclosed \$

Mail Completed Registration Form, Waivers and  
Check payable to "Keiko Fukuda Joshi Judo Inc." to:  
Elaine Abad  
570 Merlot Drive  
Fremont, CA 94539

# Hotel Accommodations

La Quinta Inn & Suites by Wyndham

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1036 N 4th Street, San Jose, CA 95112

For a discounted hotel rate call (408) 295-0240, mention  
"KF Joshi Judo" and ask for Jackie or Sylvia.

I need transportation to/from Airport	Arriving Flight Airline, Flight Number, Date & Time	Departing Flight Airline, Flight Number, Date & Time
Your Name:		

Questions? Email [registration@fukudajudocamp.org](mailto:registration@fukudajudocamp.org) or call 510.468.3417

## 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., Central Coast Judo Yudanshakai, Inc., San Jose Buddhist Judo Club**, and the officers, employees, volunteers, and agents, 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, including United States Judo Federation, 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 (Releasees), 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., Central Coast Judo Yudanshakai, Inc., and San Jose Buddhist 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 \_\_\_\_\_

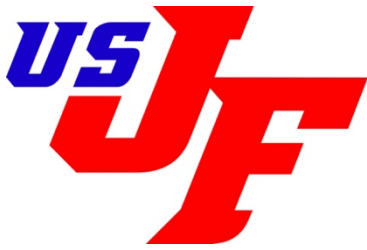
**FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT TIME OF REGISTRATION)**

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 \_\_\_\_\_



# UNITED STATES JUDO FEDERATION

## Medical Committee

**Mailing Address:** PO Box 338  
Ontario, OR 97914-0338

**Telephone:** (541) 889-8753

**FAX:** (541) 889-5836

**Internet:** [www.usjf.com](http://www.usjf.com)

## USJF Medical Committee - COVID Update 10/2022

Effective immediately, the following shall apply to all USJF Dojos and all USJF events, local and national:

### **Testing:**

1. USJF events will follow jurisdictional COVID-19 guidelines provided by the local/state health department and/or appropriate government entities
2. COVID testing is not a requirement from the USJF national office
3. Testing *may* be required at the discretion of the event medical director, depending on local conditions
4. International competitors from outside the United States will need to follow COVID-19 Testing and other protocols as required by the US State Department/CDC.

### **Vaccinations:**

1. There is no COVID-19 vaccine requirement for athletes, referees, staff, vendors, or spectators. However, COVID-19 vaccines are highly encouraged.

### **Masking:**

1. Masking should follow local/state health department guidelines
2. There is no masking requirement from the USJF national office

### **Symptom Screening:**

1. Symptoms screening, visitor logs, or temperature checks are not required
2. Symptom screening *may* be performed at the discretion of the head sensei, or event medical director
3. Individuals actively experiencing symptoms including fever, cough, sore throat, and fatigue should not practice/participate

### **Hygiene:**

1. Continue to sanitize/wash hands frequently
2. Clean mats and equipment regularly

### **Returning to Activity after COVID Infection:**

1. Members who were asymptomatic or had mild symptoms may return to activity on a gradual basis after an appropriate period of isolation. Please visit the CDC website for isolation guidelines:  
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html> [cdc.gov]
2. Members who require hospitalization or experience new or prolonged cardiopulmonary symptoms should consult with their personal physician BEFORE returning to activity
3. If you have any questions or concerns, please consult your personal physician