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MAYO QUANCHI

January 10th-13th,

Mayo Quanchi's annual Winter Training Camp is an excellent opportunity to workout with Judoka from around the country and the world under the leadership of top players. Enjoy the camaraderie and refine your skills at Mayo Quanchi's new, state-of-the-art facility.

Winter Training Camp 2019

Fees

- Pre registered by Jan 1st home-stay & all meals \$250
- Pre registered by Jan 1st stay on your own \$150
- Late fee after Jan 1st will be \$25
- Per session price \$65 or \$120 for 2 sessions
- Walk-up entry additional \$75 or \$130 for 2 sessions

<https://www.strongvon.com/mayoquanchiwinter2019/>



Schedule

- Thursday Jan 10th, 5-6 pm check-in 6-8 pm practice
- Friday Jan 11th Seniors 10am-12pm Cadet and below 2-4 pm all ages 6-8 pm
- Saturday Jan 12th cadet and below 9-11 am Junior Senior 11am-1pm all inclusive 3-5 pm
- Sunday Jan 13th all ages 10-12 pm training then celebration at 290 Matteson road Hope, R.I. 02831 starts at 2pm



www.mayoquanchi.com

Serge Bouyssou
(401) 626-0055



Location: Mayo Quanchi 17 Sandy Bottom Road,



MAYO QUANCHI

Judo & Wrestling

Winter Training Camp

Camp Application

Please Clearly Print your information below in english and mail or e-mail to:

Mayo Quanchi Judo & Wrestling
17 Sandy Bottom Road
Coventry, Rhode Island USA 02816
serge@mayoquanchi.com

Personal Information

Name: _____ Gender: M F Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Affiliation

Judo Club: _____ Instructor: _____

National Judo Organization: _____ Membership #: _____

Mayo Quanchi Winter Camp 2019

In consideration of being permitted to participate in any way, including travel to and from, MAYO QUANCHI WINTER CAMP, and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association, ATJA, AJJF, Mayo Quanchi Judo, and all staff, I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
2. Agree that, prior to participating, I will inspect the mats, equipment, facilities, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor and/or a camp official of such conditions and 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 not only to my own actions, inactions or neglect, but also to the action, inactions 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the ATJA, AJJF, United States Judo, Inc., United States Judo Federation, United States Judo Association, Mayo Quanchi, 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 in conducting the event, all of whom are hereinafter referred to as "releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee 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 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/ GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Parent/Guardian (print name)

Parent/Guardian Signature Date

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

This is to certify that I, as parent/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 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 (print name)

Parent/Guardian Signature Date