



AT THE STONE SCHOLASTIC ACADEMY AFTERSCHOOL FALL PROGRAM 2017

WHEN:

Tuesday and Thursday

(10 Week Semester – 21 classes)

October 10th, 2017 – December 21st, 2017

3:15PM – 4:15PM

WHERE:

Stone Scholastic Academy's Gymnasium

WHO:

All Stone Scholastic Academy Students

KINDERGARTEN THROUGH SIXTH GRADE

TUITION:

\$200.00 Per student per semester

(Second family member \$75.00)

Additional cost for NEW students:

New Judo Uniform \$45.00

(New students will be fitted for Judo uniforms the first week of class)

Make checks payable to Tohkon Judo Academy

REGISTRATION FORMS:

Available in the school office. Completed registration forms (must be signed by a parent/guardian) and payment can be submitted to the office prior to 10/10/17 or given to the instructor on the first day of class.

Have FUN while you learn

Throwing Techniques, Turnovers and Pinning Techniques
Increase Strength, Speed, Flexibility, Coordination and Stamina

Learn Japanese Language and Culture

Increase Self Discipline and Inner Strength

Gain Respect for Yourself and Others



CLASS of 2017 (Spring Semester) with Olympic Bronze Medalist Marti Malloy

The Judo program is taught by Olympic and World Class instructors from the Tohkon Judo Academy.

For more information contact Douglas Tono – 773 865-7268 or e-mail at dtjudo@tohkon.com



**STONE SCHOLASTIC ACADEMY
JUDO CLUB**

6239 N. Leavitt
Chicago, IL 60659

**FALL SESSION
2017**

(Oct. 10 – Dec. 21, 2017)
(10 weeks)
Tuesday & Thursday
3:15 – 4:15pm

TUITION FEE: \$200.00
**Payable to Tohkon Judo
Academy**

MEMBERSHIP REGISTRATION FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Date of Birth: _____ Age: _____ Grade in School: _____
Rank: _____ Last Promotion Date: _____

Parent Name (if a minor): _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Height: _____ Weight: _____ Judo Uniform Size: _____

WAIVER AND RELEASE OF LIABILITY

This release must be signed by all participants, or by their parent(s) or guardian(s) if the participant is a minor who wish to participate in the Stone Scholastic Academy Judo Club practice sessions or sanctioned events.

In consideration of being allowed to participant in any way in the judo program, and related events and activities, of the Stone Scholastic Academy Judo Club, the undersigned:

1. Agree that prior to participant, he/she will inspect the facilities and equipment to be use, and if he/she believes anything is unsafe to immediately advise his/her coach or supervisor of such condition(s) and refuse to participate. Parent(s) or legal guardian(s) of minor participants agree that they will instruct the minor participant to this effect.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or he conditions of the premises or of any equipment used. Further, that there may be other risks not known to them or not reasonably foreseeable at this time.
3. Assume all the forgoing risk and accept responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the Stone Scholastic Academy Judo Club, its affiliated clubs, their respective administrators, directors, agents, coaches, instructors and other employees of the organization, other participants, their parent(s), guardian(s), supervisors, and sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs, and next to kin for any and all claims, demands, losses of damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE; UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTARILY.

(Printed Name of Participant)

(Signature)

(Date)

(Printed Name of Mother)

(Signature)

(Date)

(Printed Name of Father)

(Signature)

(Date)

Please complete this side if minor

EMERGENCY TREATMENT RELEASE FORM

A minor may not be treated even in an emergency situation except when, in the opinion of the physician, a life is in the balance. The Stone Scholastic Academy Judo Club requests that you complete and sign the bottom portion of this form so we can be prepared should medical help be deemed necessary and we cannot reach you.

EMERGENCY TREATMENT RELEASE

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____

(FATHER/MOTHER/LEGAL GUARDIAN)

Address: _____ Phone: _____

Family Physician: _____ Phone: _____

Specific medical allergies, chronic illness or other conditions to be aware of:

Other contact in case of emergency:
Name: _____ Relationship: _____
Phone: _____