



ALASKA SUMMER KARATE CAMP

August 13- 16, 2009

BIRCHWOOD CAMP in Chugiak, Alaska

Sponsored by:

Alaska Shotokan Karate, ISKF-Alaska
Region



Sensei H. Okazaki, 7th Dan

Sensei Cathy Cline, 7th Dan

WELCOME: It is time to get ready for the Alaska Summer Karate Camp. This we are honored to Sensei H. Okazaki and Sensei Cline. Camp will feature a unique combination of great instruction, intensive karate classes, lectures, outdoor recreation, and karate tests.

SPECIAL GUEST INSTRUCTORS:

Sensei Hiroyoshi Okazaki, 7th Dan

- Mentor: Teruyuki Okazaki
- Qualification: Graduate Karate Instructor

Sensei Cathy Cline, 7th Dan

- Northwest Regional Director and Chief Instructor, Western Washington Shotokan Karate Club
- Qualification: Graduate Karate Instructor

WHO CAN ATTEND: Anyone 12 years of age or older for ranks un-graded through 6th kyu and age 9 years and above for ranks 5th Kyu and above--all ranks (beginners through advanced) are encouraged to attend. **All minors must have a designated chaperone approved by your instructor.** There is a special Day Camp for younger children on August 13.

SCHEDULE for full camp:

Thursday August 13: Check-in begins at 1:00 p.m. Caribou, Children's Day Camp karate training.
 Friday August 14: Karate training, lecture, instructor training, and movies and games.
 Saturday August 15: Karate training & testing, BBQ*, instructor training, camp picture, campfire
 Sunday August 16: Karate training, awards luncheon*, camp clean-up, leave at 3:00 PM.

*Guests are welcome to these meals at \$5.00 per person per meal.

REGISTRATION FORM AND FEE SCHEDULE: This includes all food and sleeping accommodations.

- Full camp registration for International Shotokan Karate Federation (ISKF) members is:
 - \$225 per person for campers
 - \$125 each additional ISKF family members regardless of age up to \$650 per family
 - Full camp payment included kyu testing fee.
- Children's Day Camp on Aug 15th is \$50.00 per attendee (includes tee shirt).
- Full camp registration for non-members of International Shotokan Karate Federation (ISKF) is: \$300.

Note: Space at camp is limited and registrations will be accepted on a "first come, first served" basis. Please pre-register for camp by June 30, 2009 with a payment of \$100 and pay in full at camp.

CAMPER INFORMATION:

WHAT TO BRING

sleeping bag pillow towel umbrella karate uniform/s
toiletries flashlight toiletries warm casual clothing
water-resistant shoes and jacket (maybe a plastic garbage bag for the soggy clothes)
money to buy snacks, drinks, camp T-shirt, pins, patches at the camp store

OTHER INFORMATION

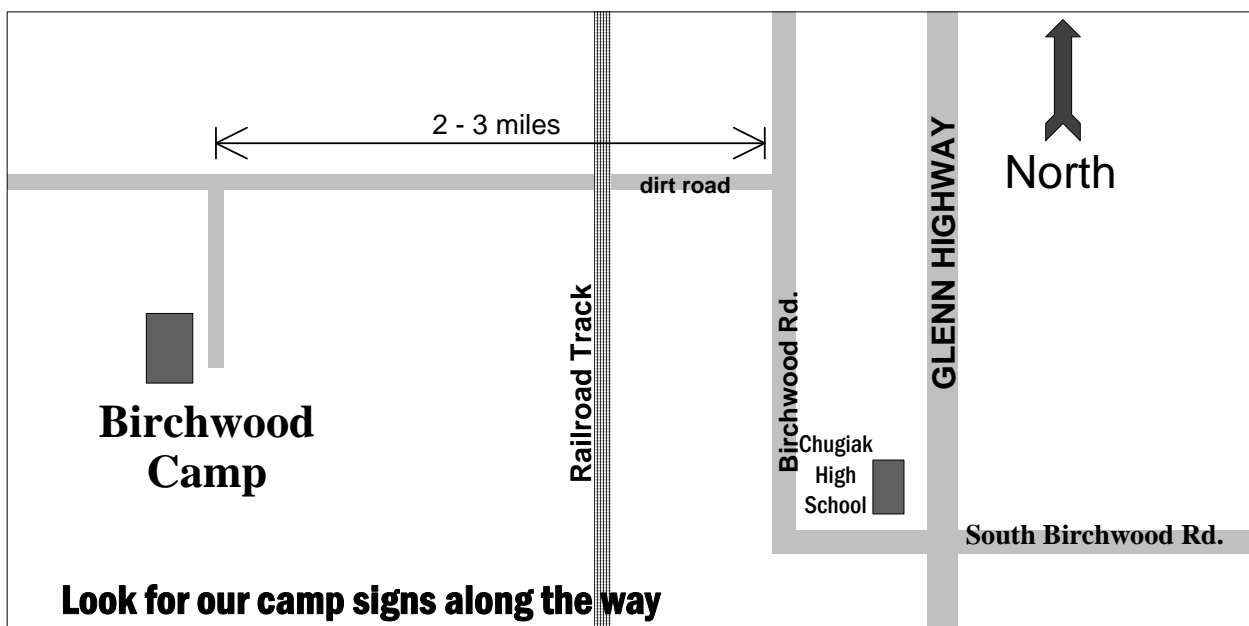
You may want to bring 2 or more karate uniforms if you have them, because there are no laundry facilities at camp. It is the rainy season so bring an umbrella and water-resistant footwear and jacket.

We are looking for donations of salmon or halibut for our camp BBQ. Please bring the fish to camp with you and leave it with someone in the kitchen. Last year, we prepared a great feast with the donated fish.

Camp pictures will be taken on Saturday before testing.

HERE'S Direction to BIRCHWOOD CAMP

(or see Birchwood's web site at <http://www.birchwoodcamp.org/bwdmap.htm>)



From Anchorage take the Glenn Highway north, past Eagle River. Exit on the South Birchwood Loop Road. Turn left (go under the freeway) on the Loop Road. Go approximately 1 mile, then on the left you will see our camp sign. Turn left on to the dirt road and follow signs to Birchwood Camp (about 2 - 3 miles).

Fill out the Registration, Waiver, and Emergency Medical Information and give completed package to your instructors, Make checks payable to **ISKF Alaska**. If you have questions, ask your instructor who will direct questions to the camp director.

2009 ISKF Alaska Summer Camp Registration Form

Name _____ Phone Number _____

Address _____ DOB/age _____

City/State _____ Zip _____ Email _____

Male or Female _____ If under 18 list chaperone's name _____
(circle one)

ISKF Member? YES / NO Rank _____ Club/Dojo _____

Are you a vegetarian Yes / NO Any food allergies? _____

List any physical limitations _____

Special cabin assignment with _____ (upon your instructor's approval. Instructor please initial for approval) _____

Number of guests attending: *(please include \$5.00 per guest per meal)*

Thursday Children's Camp Dinner _____

Saturday BBQ: _____ Sunday Awards Luncheon: _____

- I Plan to attend on the following days: August 13 14 15 16 *(please circle all that apply) for a total of _____ days*
- I Plan to attend the Children's Day Camp on August 13 **YES / NO**
- I plan to sleep at camp and will need a bunk assignment **YES / NO**
- I plan to test at camp. **YES / NO** if yes, for _____ rank

T-shirt size *(please circle one)* Child's S M L, Adult S M L XL 1X 2X (prices of T-shirts are yet to be determined). Pre Pay of \$18.00 per shirt will reserve a shirt for you, if the price is lower, we'll refund the difference, and if higher we'll ask for the remainder at the camp store.

Mail with \$100.00 deposit or full payment of \$225.00 to :give to instructor

Make checks payable to **ISKF Alaska**.

In addition, I would like to donate \$_____ to the Alaska Region to support Alaskan Karate-ka to travel to the 2009 National Karate Tournament

Camp deposit \$100	\$_____ deposit only
full amount (\$225/per camper, \$125 if second family member)	\$_____ full amount
family	
T- shirt (\$18.00)	\$_____
Donation to National 2009 Fund	\$_____
Guest Meal (number attending_____)	\$_____
Camp Picture (\$25.00 estimate)	\$_____
Total enclosed	\$_____
Amount Due at camp registration	\$_____

Waiver/Release Agreement:

Event: Alaska Shotokan Karate Summer Camp, August 13-16, 2009

I understand that there are risks and dangers inherent in martial arts training and in participation in and/or receiving instruction at the 2009 SUMMER CAMP. I understand and agree that by signing the Waiver/Release, I am assuming full responsibility for any and all risk of personal injury or death or for property damage suffered by me while participating in and/or receiving instruction at the 2009 SUMMER CAMP. I expressly acknowledge that my participation in the 2009 SUMMER CAMP, may subject me to personal injury or bodily harm and I assume any and all risks of that participation. I also understand that in order to be allowed to participate in and/or receive instruction at the 2009 SUMMER CAMP, I must give up my rights to hold the International Shotokan Karate Federation and its affiliates, "Alaska Shotokan Karate Clubs," and any and all other clubs, schools, instructors, members, judges, officials, representatives and all other participating in and/or receiving instruction at the 2009 SUMMER CAMP.

I also understand and agree that by signing the Waiver/Release, I acknowledge that I am solely responsible for having or obtaining all insurance coverage which may be necessary or desirable in connection with my participation in and/or receipt on instruction at the 2009 SUMMER CAMP and for any travel to and from the 2009 SUMMER CAMP and in all lodging or any other activities which may be related directly, indirectly or incidentally to the foregoing. I further understand and agree that any fees or costs required for necessary or requested medical attention shall be my sole responsibility and that I shall not seek indemnification or contribution from any Releasee in connection therewith. I also understand that the Releasees shall not be responsible for any incidental, consequential or exemplary damages of any kind even if they are notified of the possibility of such in advance. I also understand and agree that any damage to any lodging sites or the tournament site that I cause is my full responsibility. In no case are said damages the responsibility of any of the Releasees. I further understand and agree that as consideration for my participation in the 2009 SUMMER CAMP, the International Shotokan Karate Federation and or its designees shall have the right to use my name, image or likeness in the promotion of the 2009 SUMMER CAMP or in any publication relating to the 2009 SUMMER CAMP (or similar 2009 Summer Camps) and in any broadcast or rebroadcast transmission of the 2009 SUMMER CAMP without any additional consideration to me for the use of my said name, image or likeness.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation in and/or receipt of instruction at the 2009 SUMMER CAMP. Knowing this, and in consideration of being permitted to participate in and/or receive instruction at the 2009 SUMMER CAMP, I hereby release and agree to indemnify and hold harmless the above-named Releasees individually and their entities, and their officers, agents, principals, partners, shareholders, directors and employees from any and all liability or cost, including attorney fees, associated with or arising from my participation in and/or receipt of instruction at the 2009 SUMMER CAMP, I further understand and agree that this Waiver/Release will be binding on me, my spouse, any heirs, my personal representative, my assigns, my children and any guardian ad litem for said children. I understand that if I am signing the Waiver/Release on behalf of any minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it.

Print Name _____ Date _____

Sign Name _____

Parent/Guardian Release:

I am the parent or legal guardian of the minor _____ and I am signing this Waiver/Release on behalf of said minor.

Print Name of Parent/Guardian _____ Date _____

Signature of Parent _____

Emergency Medical Information
Camp 2009
ISKF Alaska Summer Karate Camp
August 13-16 2009

Form must be completed for each camper, regardless of age or length of attendance.

ALASKA SUMMER KARATE CAMP 2009, c/o Susan Jones, PO Box 240264, Anchorage, Alaska 99524

Name: _____ Age (if minor): _____

Street Address: _____

City: _____

Parent's/Spouse's Name(s): _____

Home Phone No: _____

Work Phone No: _____

Pager/Cellular/etc.: _____

Name of person(s) to notify in emergency if parent/spouse cannot be reached:

Name: _____ Phone No: _____

Name: _____ Phone No: _____

Health problems we should know (allergies, handicaps, health problems, etc.):

Medication & Directions to administer medication: _____

IT IS THE CAMP'S POLICY TO HOLD ALL MEDICATIONS AT THE NURSE'S STATION FOR CAMPERS THAT ARE UNDER THE AGE OF 18, If you have questions related to the policy see camp director: Susan Jones (677-7237).

2009 CHILDREN'S ISKF DAY CAMP

Birchwood Camp

Thursday, August 13, 2009 –3:00 PM to 8:30 PM

ELIGIBILITY

This program is for karate students who are:

1. **Ages 5-10 years.** Younger children will be accepted if accompanied by a parent. (Children 9 years and older are eligible to stay overnight)
2. Currently enrolled in Alaska Shotokan classes
3. Current members of the ISKF

The number of adult volunteers determines space. Please use the attached day camp registration form to enroll. Return this form with payment to your instructor.

WHAT TO BRING

Bring the following items in a backpack or bag:

karate gi (wear to camp)
jacket
rain gear If it rains the kids will get wet
warm play clothes
shoes and socks
water bottle

The camp store will have camp T-shirts, and other karate items which you may purchase when you drop-off or pick-up your child.

COST

\$50.00 per child for the one-day camp. (Overnighters will pay the regular camp fee and must register for camp.) Cost includes **Karate Class**, tee shirt, **dinner, snacks, crafts, activities** including field games and campfire. Make checks payable to **Alaska Summer Camp 2009**. **All camp forms and fees must be submitted by August 15th.**

Saturday evening is the BBQ dinner at \$5.00 per person. *Children are to be supervised by their parents on Saturday.*

PARENT PARTICIPATION

PLEASE HELP. We need parent assistance for all of the activities like the campfire, crafts, field games, etc. An hour or two of your time would be appreciated very much. Any parent who volunteers from 3:00-8:30 PM will receive Thursday dinner.

If you are interested in helping, please contact Becky Hesser or Susan Jones for more information.

WHERE TO GO: Please bring children to the Main Day Lodge at Birchwood Camp at 3:00 PM.. The first activity is karate training starting at 3:30 PM. **COME DRESSED IN YOUR GI.**

Fill out the Registration, Waiver, and Emergency Medical Information and send it with your registration fee to the address below. Cancellations prior to the camp starting date will be subject to a \$25 administrative fee. Make checks payable to **ISKF Alaska**.

Completed forms should be given to your instructors to be mailed to the camp director:
Susan A. Jones, Camp Director, PO Box 240264, Anchorage, AK 99524-0264

2009 ISKF Summer Day Camp Registration Form

SUMMER KARATE DAY CAMP

Return this form and \$50.00 payable to Alaska Summer Camp 2007 or mail to Susan Jones % Alaska Shotokan Summer Camp, POB 240264; Anchorage, AK 99524 (sjones.alaska@gmail.com)

Name: _____ Age: _____

Address: _____

email: _____

Phone # _____

Rank (belt color or kyu): _____

Club: _____ instructor's name: _____

If you will have guests to our Saturday BBQ luncheon, please include payment for guests at this time. Indicate number of guests below.

Number of guests attending Saturday BBQ: _____
(please include \$5.00 per person) (dinner is free for Day Camp Kids)

Tee Shirt: _____ size: child's small—medium—large or adult small

Signature of parent / guardian

Date

_____ **I AM INTERESTED IN VOLUNTEERING WITH THE DAY CAMP**
BIRCHWOOD CAMP in Chugiak, Alaska

Camp pictures will be taken on Saturday before testing and available after camp, fee is \$25.00 Please pre order.

◆◆◆ Questions about camp email Susan at sjones.alaska@gmail.com ◆◆◆

REQUEST FOR "DAN" REGISTRATION

(Please type)

Name _____ photo
Permanent Address _____

Telephone (____) _____ E-mail _____

Registering for _____ Dan Date of Examinations _____

Examiner _____ Instructor: _____

Instructors Signature _____

Club Name _____ Country _____ Region _____

PERSONAL INFORMATION

Date of Birth _____ Sex _____ Height _____ ft. _____ in Weight _____ lbs./kg
Mo. Day Year M F

Occupation _____

Last School or College: _____ Degree Received: _____

KARATE HISTORY

When did you begin karate practice: Year _____ Month: _____

Date of Conferral: **Registration #**

1st DAN _____
Mo. Day Yr _____

2nd DAN _____
Mo. Day Yr _____

3rd DAN _____
Mo. Day Yr _____

I request that my rank be listed in the register of the International Shotokan Karate Federation. I promise to uphold the standards and honor of the ISKF.

Students Signature _____

For Examiner's Use Only

Rank Awarded _____ Examiner's Signature _____

Promotion by: (circle one)

EXAMINATION RECOMMENDATION HONORARY

Remarks: