

International Shotokan Karate Federation-Alaska Region Summer Camp



AUGUST 9-12, 2018

Birchwood Camp, Chugiak, Alaska

Why Attend?

The intensive karate training and camaraderie with fellow enthusiasts in a lovely rustic setting will rekindle your love of karate and commitment to improving your mastery of this martial art.

Who may come?

Any adult currently training in any style of karate or similar martial art. Understanding of basic techniques is expected.

Children studying Shotokan aged ten and older may attend regardless of rank. Children younger than 10 must have attained 5th kyu (purple belt) to attend. Children must be currently enrolled in a Shotokan Dojo and there must be an adult chaperone attending camp.

When is the registration deadline?

Please register for camp by July 16, 2018. The camp needs to know how many people will be on site for planning purposes. Late registration will incur a late fee.

2018 International Shotokan Karate Federation -Alaska Region Summer Camp General Information

Location

17161 David Blackburn Road
Chugiak, AK 99567

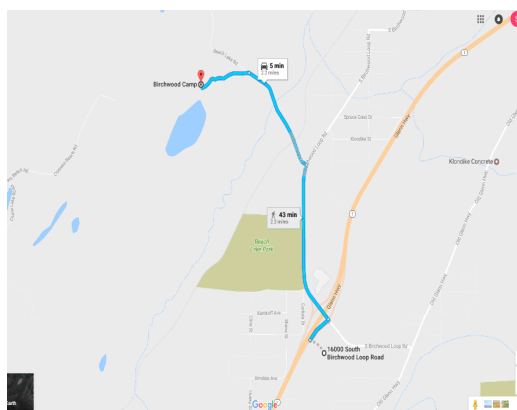
From the Glenn Highway:

Take the S. Birchwood Exit from the Glenn Hwy just north of Eagle River.

From Anchorage, take a left onto Birchwood Loop Road.

From the Valley, take a right onto Birchwood Loop Road.

Go about 0.9 miles and turn left on Beach Lake Road; remember to stoplook-listen at the railroad crossing on Beach Lake Road. After 0.7 mile, take the only left onto David Blackburn Road. Follow the signs to Birchwood Camp.



More information about Camp Birchwood can be found at: <http://birchwoodcamp.org>

Schedule

(detailed schedules will be posted around camp)

Thursday, August 9

Check-in at 1-3pm in the Main Lodge
First karate training 4:30, dinner to follow

Friday, August 10

Karate training, food and fun

Saturday, August 11

Karate training,
testing, camp picture, boating or swimming

Sunday, August 12

Karate training, awards brunch, camp
clean-up, depart camp at 12 pm

Packing (it usually rains!)

Karate uniform(s), belt, protective
gear if needed
Bedding(pillow, sleeping bag or
bedroll)
toiletries
medications

camera
towel
snacks
water bottle
petty cash
warm jacket

sleep wear
clothing
raingear
swimsuit
flashlight

Questions?

ijisaj@alaskan.com

Jean Snyder

**2018 International Shotokan Karate Federation-Alaska Region
Summer Camp Registration**
Use a separate form for each camper

Name	
Address	
Phone number	
Age _____	Chaperone name if under 18:
Gender	Male/Female
Dojo	
Rank _____	Testing? Yes/ No (must have instructor's permission)
Instructor	/signature if testing:

Special diet?	Yes/No	Specify: Vegan/Vegetarian/gluten free/lactose free/other _____
Food allergies?	Yes/No	Specify:
Cabin request?	Yes/No	Specify:
Physical limitations?	Yes/No	Specify:
Activity preference	choose	Swimming/ Boating

Fees

Camp fee if registration recieved on or before July 16	\$300.00	a.
Camp fee for registration after July 16	\$325.00	a.
Kyu testing fee (if for first family member)	\$40.00	b.
Kyu testing fee (if for additional family member)	\$20.00	c.
Donation to national Team Fund		d.
Saturday dinner guest meals _____ x\$10= _____		e.
Sunday brunch guest meals _____ x\$10= _____		f.
Total due (a.+b or c +d+e+f)		g.
Deposit of \$100 due at time of registration		
Enclosed amount (make checks out to ISKF-Alaksa)		h.
Balance due at camp (g-h)		

Dan testing at camp must be cleared with the instructor, all forms, fees and photos must be properly completed and given to your instructor prior to testing.

Number of guest meals needs to be noted to ensure there is enough food. Note food allergies on form.

Camp fee includes meals, cabin, activities.

Give registration form, health form, waiver and deposit to your instructor or mail before July 16, 2018:

Jean Snyder
13140 Lupine Road
Anchorage, AK 99516

There will be no refunds after July 16, 2018

Emergency Medical Information

International Shotokan Karate Federation-Alaska Region Summer Camp, August 9-12, 2018

An Emergency Medical Information form MUST be completed for each camper, regardless of age or length of attendance.

This form should be mailed in with the completed Registration Form and Waiver/Release Agreement.

Name: _____

Address: _____

Phone Number: _____

Parent / Spouse's Name: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

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

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

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

Medications to be taken at Camp and Directions to administer medication (Please give all medication to Camp Nurse)

IT IS THE CAMP'S POLICY THAT THE NURSE HOLD ALL MEDICATIONS FOR CAMPERS THAT ARE UNDER THE AGE OF 18.

If you have questions related to the policy, please contact Susan Jones at 907-677-7237 or sjones.alaska@gmail.com

Waiver / Release Agreement

Event: International Shotokan Karate Federation-Alaska Region Summer Camp, August 9-12, 2018

I understand that there are risks and dangers inherent in martial arts training and in participation in and/or receiving instruction at the 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 SUMMER CAMP. I expressly acknowledge that my participation in the 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 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 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 SUMMER CAMP and for any travel to and from the 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 Releases. I further understand and agree that as consideration for my participation in the 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 SUMMER CAMP or in any publication relating to the SUMMER CAMP (or similar SUMMER CAMPS) and in any broadcast or rebroadcast transmission of the 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 SUMMER CAMP. Knowing this, and in consideration of being permitted to participate in and/or receive instruction at the 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 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 or 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 _____