

International Shotokan Karate Federation-Alaska Region Winter Camp 2020



(2017 Summer Camp instructors)
January 17-19, 2020

Birchwood Camp, Chugiak, Alaska

Why Attend?

The intensive karate training by local Alaskan instructors 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 overnight camp. Children must be currently enrolled in a Shotokan Dojo and there must be an adult chaperone attending camp.

Children 6-9 may come for the day on Saturday, train, have lunch, test, have dinner and go to the campfire. A parent or guardian must be on site.

When is the registration deadline?

Please register for camp by January 1, 2020. The camp needs to know how many people will be on site for planning purposes. Late registration will incur a late fee.

2020 International Shotokan Karate Federation -Alaska Region Children's Winter Day Camp

Children age 6-17 in good standing with an Alaska Shotokan Dojo

Location

17161 David Blackburn Road
Chugiak, AK 99567

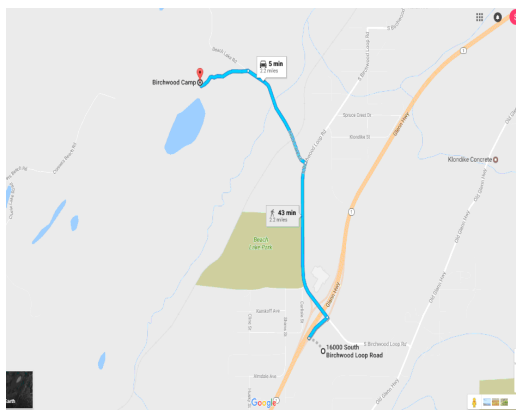
From the Glenn Highway:

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

Saturday, January 18

Check -in 10 am, change into uniform, training

change into clothes, lunch

change into uniform, testing, camp picture,

change into clothes, outdoor games, dinner

camp fire

8:30 time to go home

Packing

Karate uniform, belt, protective gear
medications
camera

towel/shower gear
snack
water bottle

warm outdoor gear
extra clothing
bag to keep it all in

Questions?

jjisaj@alaskan.com

Jean Snyder

2020 International Shotokan Karate Federation-Alaska Region Winter Children's Day Camp Registration

Use a separate form for each camper

Name		
Address		
Phone number		
Age _____	Chaperone:	
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:
Physical limitations?	Yes/No	Specify:

Fees

Saturday January 18 training and kyu testing inclusive	\$60.00	a..
Late fee for registration received after January 2, 2020	\$10.00	b.
Donation to national Team Fund		c..
guest meals _____ x\$15= _____ (parents etc)		d.
Total due		e.
Enclosed amount (make checks out to ISKF-Alaksa) Deposit of \$20 due at time of registration		f.
Balance due at camp (e-f)		

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 and activities.

Give registration form, health form, waiver and deposit to your instructor or mail before January 1, 2020:

**Jean Snyder
13140 Lupine Road
Anchorage, AK 99516**

There will be no refunds after January 2, 2020

Emergency Medical Information

International Shotokan Karate Federation-Alaska Region Winter Camp January 18, 2020

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)

Children's Waiver / Release Agreement

Event: International Shotokan Karate Federation-Alaska Region Winter Camp, January 17-19, 2020

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

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/guardian _____