



THE 19th ANNUAL SHIDOGAKUIN SUMMER KENDO CAMP

Bryn Mawr College, North Merion Avenue, Bryn Mawr, PA 19010

Tuesday 2nd to Sunday 7th August, 2011

The 19th Annual Shidogakuin Summer Kendo Camp is now open for registration. It will be held at Bryn Mawr College in PA. Attached are registration form, ranking promotion application and health record form. Directions, name of specific dormitory and more details information will be sent to registered campers prior to camp. **For students who are 18 years old and younger must provide a health record signed by a physician.**

Early sign-up discount: Deduct \$30 if paid before June 30th. Discount applies to full camp and Shidogakuin members only. Early sign-up discount cannot be combined with family discount.

Late entry fee: There will be \$30 late entry fee for those who sign up after July 22nd.

Testing:

For those who are taking the ranking promotion test, permission is required from your dojo sensei. There is no testing fee for campers. A separate check for rank recording/certificate fee must be accompanied with the ranking promotion application form. *This check will not be deposited if the applicant does not pass the rank. Ranking Examination Application must be received no later than July 22nd.

Check-in:

Check-in time starts at 4 o'clock on Tuesday, August 2nd. Check in with Bryn Mawr College staff to receive room key, building access electronic card and meal card in addition to Shidogakuin Camp check in. Check-in location will be announce to registered campers prior to camp.

Please do not hesitate to contact me at bchurch@kendoka.org if you have any questions.

Yours truly,

Isabella Church
Administration

THE 19th ANNUAL SHIDOGAKUIN SUMMER KENDO CAMP
 Bryn Mawr College, North Merion Avenue, Bryn Mawr, PA 19010-2899
 August 2 - 7, 2011



Camp Registration

PARTICIPANT INFO (Print Clearly)

NAME-LAST	FIRST	KANJI/KANA
ADDRESS-STREET		
CITY	STATE	ZIP
PHONE NO.	EMAIL	
	Female <input type="checkbox"/>	Male <input type="checkbox"/>
AGE	DATE OF BIRTH	SEX (CHECK ONE)
DOJO	AUSKF ID #	
<i>Kendo:</i>	<i>Kyu</i>	<i>Dan</i>
<i>Iaido:</i>	<i>Kyu</i>	<i>Dan</i>
RANK		
EMERGENCY CONTACT/PARENT/GUARDIAN NAME		PHONE NO.

Send registration form, health record, testing form (if testing) and check(s) to: Isabella Church, 330 Judge's Lane, North Plainfield, NJ 07063-1726
 908.769.8997 email: bchurch@kendoka.org

Family discount: deduct 5% for 2 members, 10% for 3 members. Discount only applies to full camp and Shidogakuin members. Cannot combine with Early Sign-up discount.

WAIVER OF LIABILITY

I, intending to be legally bound, do hereby, for myself, heirs, executors, and administrators, wavier, release, and forever discharge any claims for damages, injury, or loss of life or personal property which I may incur, or which may hereafter accrue to me against Shidogakuin Ltd., any of it's affiliated schools, AUSKF, GNEUSKF, Bryn Mawr College, and any of their officers, instructors, members and employees in connection with my participation in the Shidogakuin Summer Kendo Camp, August 2 - 7, 2011, tournament, examination and related activities. Where the participant is a minor, I, the parent or guardian, do understand and agree to the above waiver and give permission to the Shidogakuin officials to seek medical attention for my son and daughter in the event of sickness or injury.

Participant Signature or Date
 Parent/Guardian Signature (if under 18)

Camp Fee: Make check payable to Shozo Kato		✓
Full Camp	\$590	
Friday (after lunch) - Sunday	\$255	
One Day :	\$135	
Non-Shidogakuin student add	\$30	
Late entry: after July 22 add	\$30	
Early Sign-up: before Jun 30 minus	\$30	
Total:		

FOR INTERNAL USE ONLY:

Received amount \$_____ in cash ___ in check ____ check # _____

SHIDOGAKUIN SUMMER KENDO CAMP

CAMP PARTICIPATION HEALTH RECORD

HEALTH BIO: TO BE COMPLETED BY PARENT OR GUARDIAN

NOTE: Both parental and physician's sections must be completed or the application will not be considered to have been accepted.

NAME (last)	(first)	SEX	AGE	BIRTHDATE
ADDRESS (street)	(town)	(state)	(zip)	
PHONE HOME	OFFICE			
IN EMERGENCY, NOTIFY	RELATIONSHIP			
ADDRESS	PHONE	OTHER PHONE		

HEALTH HISTORY (CHECK)

CHICKEN POX MEASLES
 GERMAN MEASLES MUMPS
 WHOOPING COUGH OTHER

ALLERGIES

HAY FEVER INSECT STING
 ASTHMA DRUGS (SPECIFY)
 IVY, OAK, ETC. FOODS (SPECIFY)

CHRONIC/RECURRING ILLNESS

EARACHES THROAT PROBLEMS
 SINUS INFECTIONS
 HEART STOMACH
 EPILEPSY RHEUMATIC FEVER
 DIABETES MENSTRUAL PROBLEMS

DETAILS OF ABOVE _____
MEDICATIONS BEING TAKEN (NAME AND EXPLAIN) _____
OPERATIONS, INJURIES, SPECIAL RESTRICTION (EXPLAIN, GIVE DATES) _____

IMMUNIZATIONS

	DATE	BOOSTER		DATE	BOOSTER
DIPHTHERIA	_____	_____	MEASLES	_____	_____
TETANUS	_____	_____	MUMPS	_____	_____
PERTUSSIS	_____	_____	RUBELLA	_____	_____
POLIO	_____	_____	OTHER	_____	_____

PHYSICAL EXAMINATION: TO BE COMPLETED BY A LICENSED PHYSICIAN

CODE (1) SATISFACTORY (2) NOT SATISFACTORY (0) NOT EXAMINED

_____ HEIGHT _____ WEIGHT _____ B.P. _____ SKIN _____ NOSE
_____ EYES _____ GLASSES _____ CONTACTS _____ REQUIRED _____ CONDITIONS
_____ EARS _____ HEARING: _____ RIGHT _____ LEFT
_____ THROAT _____ TEETH _____ HEART _____ LUNG _____ SKELETAL
_____ ABDOMEN _____ GENITALIA _____ HERNIA _____ EXTREMITIES

TESTS: _____ URINALYSIS GLUCOSE? _____ ALBUMEN? _____ TUBERCULIN TESTING (TYPE)

IF INDICATED, BLOOD COUNT: _____

RESTRICTIONS, LIMITATIONS (INCLUDING: DIET) _____

MEDICATIONS _____

RECOMMENDATIONS _____

THE ABOVE NAMED PERSON IS IN SATISFACTORY CONDITION AND MAY ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED:

DATE	EXAMINING PHYSICIAN
TELEPHONE	PRINT PHYSICIAN'S NAME
STATE LICENSED IN:	LIC# ADDRESS