



THE 26th ANNUAL SHIDOGAKUIN SUMMER KENDO CAMP

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

Wednesday August 1 to Sunday August 5, 2018

The 26th 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. **For students who are 18 years old and younger must provide a health record signed by a physician.**

Sign Up:

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: A \$30 late entry fee will be charged for those who sign up after Friday, July 25.

Please send registration to PO Box 198, Pottersville, NJ 07979

Testing:

For those who are taking the ranking promotion test, permission is required from your dojo sensei. Shinsa fee is \$25.00, payable to GNEUSKF. 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.

Check-in:

Check-in time starts at 2 o'clock on Wednesday, August 1. Dormitory location and check-in location will be announced in a later time. Bryn Mawr College staff will provide room key, building access electronic card and meal card.

Campers will receive camp schedule and additional information prior to camp. In the meantime, please do not hesitate to contact me at kendoka@att.net if you have any questions.

Yours truly,

Isabella Church
Camp Co-ordinator

THE 26th ANNUAL SHIDOGAKUIN SUMMER KENDO CAMP
 Bryn Mawr College, North Merion Avenue, Bryn Mawr, PA 19010-2899
 Wednesday 1 - 5, 2018



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, health record to: Isabella Church
 PO Box 198, Pottersville, NJ 07979
 Email: kendoka@att.net

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, EUSKF, GNEUSKF, Bryn Mawr College, and any of their officers, instructors, members and employees in connection with my participation in the Shidogakuin Summer Kendo Camp, Wednesday 1 -5, 2018, 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 Shidogakuin		✓
Full Camp	\$530	
Full Camp (sign-up before June 30)	\$500	
One Day :	\$140	
Friday (after lunch) - Sunday	\$285	
Late entry: after July 25 add	\$30	
Non-Shidogakuin student add	\$30	
Total:		

FOR INTERNAL USE ONLY:

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



Kendo Ranking Examination Application

PARTICIPANT INFO (Print Clearly)

NAME-LAST FIRST KANJI/KANA

ADDRESS-STREET

CITY STATE ZIP

PHONE NO. EMAIL

Female Male

AGE DATE OF BIRTH SEX (CHECK ONE)

DOJO AUSKF ID #

Kyu Dan Date received

CURRENT RANK

INSTRUCTOR

INSTRUCTOR'S SIGNATURE

MEMBER FEDERATION (if not GNEUSKF member)

MEMBER FEDERATION PRESIDENT'S SIGNATURE (Only required for non-GNEUSKF member)

Submit completed and signed application, menjo fee, copy of current menjo to: Isabella Church
 PO Box 198, Pottersville, NJ 07979

Shinsa Fee: \$25 Make check payable to GNEUSKF

Deadline: July 18, 2018

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

Menjo Fee (English only): Make check payable to GNEUSKF		✓
Kyu (17 of age and younger)	\$20	
Kyu (18 of age and older)	\$30	
Shodan	\$50	
Ni-dan	\$60	
San-dan	\$80	
Yon-dan	\$100	

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