

THE 16th ANNUAL SHIDOGAKUIN SUMMER KENDO CAMP

Camp Chinqueka, Route 202 Mt. Tom Lake, Bantam, CT 06750

Saturday 23rd to Thursday 28th August, 2008

The 16th Annual Shidogakuin Summer Kendo Camp is now open for registration. Attached please find registration form, ranking promotion application, health record form and a map (directions) to the campsite. **For students who are 18 years old and younger must provide a health record signed by a physician.**

Camp fee: See page 2.

Early sign-up discount:

Deduct \$30 if paid before June 30th. Discount applies to full camp and Shidogakuin members only.

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 candidate does not pass the rank.

Rank recording/certificate fee: See page 2.

Check-in:

Check-in time is 2 o'clock on Saturday, August 23rd. First practice will begin as soon as everyone is settled in.

Check-out:

Check-out time is Thursday, August 28th after breakfast. Camp will close in the evening of Wednesday, August 27th. Campers are responsible for cabin and campsite clean up prior to departure.

Transportations:

Campers are responsible for their own transportations. Kindly inform your dojo Sensei if you have room in your car for those who needed transportations.

Communications:

Wireless phone connections are poor at the campsite. For campers to call home, prepaid phone card is recommended. Campsite address and telephone number are on the bottom of the map/directions in case of emergency contact.

/Cont'd

WHAT TO BRING:

Bogu	Gi	2 recommended
Shinai/Bokken/Iaito	Hakama	2 recommended
Obi (for iaido)	Tenugui	several
Gym Clothes	Warm-Up Suit (Pants & Sweat shirt)	
Sneakers	Shirts & T-shirts	
Shorts & Underwear	Pajamas or Sweat Suits	
Sandals & Socks	Light Jacket or Sweater	
Swimming Suit	Sleeping Bag or Bed Linens	
Blankets & Pillows	Flashlight	
Sunglasses, Sun Screen	Insect Repellent (CUTTERS or OFF Insect & Tick)	
Toiletries, Towels, Wash Cloth & Soap	ZaButon (cushion or firm pillow for ZaZen)	
Anything you can think of		

Evening kata practice can be in gym clothes and sneakers. If you need additional gi, hakama and/or shinai, please let us know in advance.

Most meals include cooked rice and miso soup. You are welcome to bring furikake, nori and umeboshi to go with the rice. We also recommend having \$1 bills on hand for snacks, juice and soda machines.

Please do not hesitate to contact me if you have any questions.

Yours truly,

Isabella Church
Secretary, Shidogakuin

Camp fee: Make check payable to Shozo Kato (or cash)

Full Camp	\$450
One Day:	\$120
Non Shidogakuin member add	\$ 50

Rank recording/certificate fee: Make check payable to Shozo Kato (or cash)

	English
Kyu – 17 years and under	\$10
Kyu – 18 years and above	\$20
Shodan	\$30
Ni-dan	\$40
San-dan	\$50

* Rank recording/certificate fee will not be refunded if check is not made separately.

Shidogakuin Ltd.

School of the Japanese Way

Shozo Kato, Head Instructor

38 Mary Lane, Riverside, CT 06878

203-637-5475 203-637-5476 (fax)

www.kendoka.org

THE 16th ANNUAL SHIDOGAKUIN SUMMER KENDO CAMP

Camp Chinqueka, Route 202 Mt. Tom Lake, Bantam, CT 06750

August 23 – 28, 2008

Name: last _____ first _____ kanji/kana _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Age/Date of Birth: _____ Sex: F M E-Mail: _____

Emergency Contact: _____ Phone: _____

Dojo: _____ Instructor: _____ Years of Study: _____

Rank: *Kendo* kyu dan Date Awarded: _____ *Iaido* kyu dan Date Awarded: _____

WAIVER OF LIABILITY

I, intending to be legally bound, do hereby, for myself, heirs, executors, and administrators, waive, 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 its affiliated schools, Ebner Camps, Inc., Chinqueka, Awotting and any of their officers, instructors, members, and employees in connection with my participation in the Shidogakuin Summer Kendo Camp [August 23 – 28, 2008], 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.

Signature: _____ Date _____

Parent/Guardian (if under 18): _____ Date: _____

Registration Fee:

Full Camp: \$450

One Day: \$120

Non Shidogakuin member add \$ 50

Please send registration form, health record, testing form & check to:

Isabella Church

330 Judges Lane, N. Plainfield, NJ 07063

908.769.8997 email: bchurch@Kendoka.org

Family discount: deduct 5% for 2 members, 10% for 3 members. Discount applies full camp and Shidogakuin members only.

Make check payable to: Shozo Kato (or cash)

Received by Shidogakuin: Amount _____ in Cash Check check # _____

THE 15th ANNUAL SHIDOGAKUIN SUMMER KENDO CAMP

Camp Chinqueka, Route 202 Mt. Tom Lake, Bantam, CT 06750

23 – 28 August 2008

Kendo Ranking Examination Application

Name: (last) _____ (first) _____ (kanji/kana) _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail: _____ Age (as of 8/27): _____ Sex: F M

Emergency Contact: _____ Phone: _____

Dojo: _____ Instructor: _____ Years of Study: _____

Present Rank: _____ Date Awarded: _____

Where Received: _____

Testing Rank: _____ AUSKF ID# _____

Did you test for request rank before? If yes, provide date: _____

WAIVER OF LIABILITY

I, intending to be legally bound, do hereby, for myself, heirs, executors, and administrators, waive, 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, Ebner Camps, Inc., Chinqueka, Awotting and any of their officers, instructors, members, and employees in connection with my participation in the Shidogakuin Summer Kendo Camp [23-28 August 2008], 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.

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

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) _____

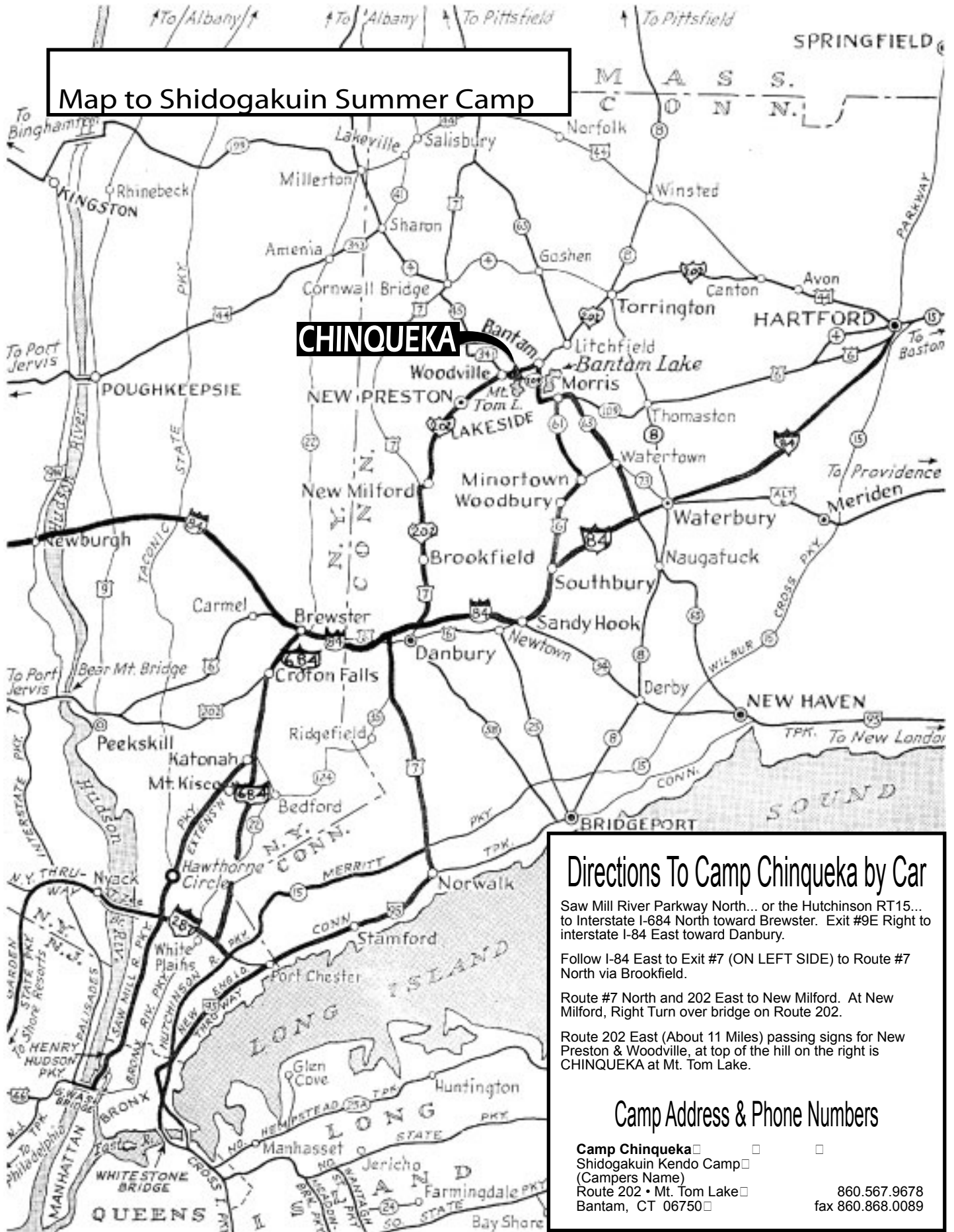
MEDICATIONS _____

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

Map to Shidogakuin Summer Camp



Directions To Camp Chinqueka by Car

Saw Mill River Parkway North... or the Hutchinson RT15... to Interstate I-684 North toward Brewster. Exit #9E Right to interstate I-84 East toward Danbury.

Follow I-84 East to Exit #7 (ON LEFT SIDE) to Route #7 North via Brookfield.

Route #7 North and 202 East to New Milford. At New Milford, Right Turn over bridge on Route 202.

Route 202 East (About 11 Miles) passing signs for New Preston & Woodville, at top of the hill on the right is CHINQUEKA at Mt. Tom Lake.

Camp Address & Phone Numbers

Camp Chinqueka
 Shidogakuin Kendo Camp
 (Campers Name)
 Route 202 • Mt. Tom Lake 860.567.9678
 Bantam, CT 06750 fax 860.868.0089