

# **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 16<sup>th</sup> 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

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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 # \_\_\_\_\_

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# 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: \_\_\_\_\_

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# 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