



## **THE 19<sup>th</sup> ANNUAL SHIDOGAKUIN SUMMER KENDO CAMP**

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

Tuesday 2nd to Sunday 7th August, 2011

The 19<sup>th</sup> 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](mailto: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](mailto: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)

<b>Camp Fee:</b> 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