



## **THE 22nd ANNUAL SHIDOGAKUIN SUMMER KENDO CAMP**

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

Tuesday 5th to Sunday 10th August, 2014

The 22nd Annual Shidogakuin Summer Kendo Camp is now open for registration. It will be held at Bryn Mawr College in PA. It is my pleasure to share with you that we will once again have our meals in the Wyndham Dinning Hall. We will stay at the Rockefeller Residence Hall; the same location as last year. 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.**

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 25th.

### **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 18th.

### **Check-in:**

Check-in time starts at 2 o'clock on Tuesday, August 5th. 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  
Camp Co-ordinator

THE 22nd ANNUAL SHIDOGAKUIN SUMMER KENDO CAMP  
 Bryn Mawr College, North Merion Avenue, Bryn Mawr, PA 19010-2899  
 August 5 - 10, 2014



## 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 5 - 10, 2014, 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	\$610	
Friday (after lunch) - Sunday	\$265	
One Day :	\$140	
Non-Shidogakuin student add	\$30	
Late entry: after July 25 add	\$30	
Early Sign-up: before Jun 30 minus	\$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 (separate check from camp fee), copy of current menjo no later than July 18, 2014

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 5 - 10, 2014, 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.

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

<b>Menjo Fee (English only): Make check payable to GNEUSKF</b>		✓
Kyu (17 of age and younger)	\$10	
Kyu (18 of age and older)	\$20	
Shodan	\$30	
Ni-dan	\$40	
San-dan	\$60	

**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



*All United States Kendo Federation*

## **Kendo Promotion Examinations Written Test Questions (1Kyu - 3Dan)**

1-Kyu: Explain the benefits of “Kirikaeshi”

1-Dan: Choose (1) of the following to answer:

- A) Describe the “Ki-Ken-Tai-Ichi”
- B) Describe the 4 Types of Kendo Footwork. “Ashi-Sabaki”

2-Dan: Choose (1) of the following to answer:

- A) Describe the 4 Types of kendo “Sickness”
- B) Describe the 3 “Ma-ai”

3-Dan: Choose (1) of the following to answer:

- A) Describe the elements of “Yuko-datotsu”
- B) Describe the Metsuke. “Enzan-no Metsuke”

### **INSTRUCTION:**

- This is an ESSAY question, DO NOT write a short, few sentence answer.
- Essay can be in English or Japanese.
- Use you own words, don’t just copy something.
- Include your Name, Requesting Rank & AUSKF ID Number.
- Regional Kendo Federation & Dojo Name.