



THE 27th ANNUAL SHIDOGAKUIN SUMMER KENDO CAMP
Wednesday July 31 to Sunday August 4, 2019

THE 35TH SHIDOGAKUIN ANNIVERSARY TOURNAMENT
Saturday, August 3

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

The 27th Annual Shidogakuin Summer Kendo Camp Wednesday, July 31 to Sunday, August 4 and the 35th Shidogakuin Anniversary Tournament, Saturday, August 3 is now open for registration. Kendo Camp will start on Wednesday afternoon and end on Sunday after Shinsa. It will be held at Bryn Mawr College in PA.

We are honored and excited to share with you Masaharu Kakehashi Sensei, Hanshi Kendo 8 Dan, Retired Chief Instructor, Tokyo Metropolitan Police is our Special Guest. Kakehashi Sensei will serve as Chief Judge for the 35th Shidogakuin Anniversary Tournament.

Attached please find additional information, camp registration form, tournament registration form, ranking promotion application and health record form. **Students who are 18 years old and younger must provide a health record signed by a physician.** Physician's form is acceptable.

For the tournament, we respectfully request Dojo Sensei, representative or contact to submit roster list and registration at the same time.

Shinsa application Deadline: Saturday, July 6, 2019
Tournament Entry Deadline: Saturday, July 13, 2019

There will be a \$30 late fee to sign up for camp after July 13. Register after this date cannot be guaranteed in the tournament.

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

Yours truly,

Isabella Church
Camp Coordinator

The 27th Annual Shidogakuin Summer Camp and 35th Shidogakuin Anniversary Tournament
Wednesday, July 31 to Sunday, August 4
Bryn Mawr College, North Merion Avenue, Bryn Mawr, PA

Special Honored Guest Instructor

Masaharu Kakehashi Sensei, Hanshi 8 Dan
Retired Chief Instructor, Tokyo Metropolitan Police

Instructor

Shozo Kato Sensei, Kyushi, 8 Dan, Shidogakuin Head Instructor

Schedule:

Wednesday	Afternoon Opening
Thursday/Friday	Seminar
Saturday	35 th Shidogakuin Anniversary Tournament
Sunday	Morning Seminar, Shinsa, Closing

Full Camp:

Check-in Wednesday, 7/31 1:00 PM, check-out Sunday, 8/4 2:00 PM
Include housing, 3 meals, seminar and tournament registration fee

\$545.00

\$515.00 Shidogakuin Members

One Day:

One night housing, three meals and one-day seminar

\$150.00

Campers will receive camp schedule and additional information prior to camp.

Camp participant must be current AUSKF member.

The 35th Shidogakuin Anniversary Tournament
Saturday, August 3, 2019
Bryn Mawr College, North Merion Avenue, Bryn Mawr, PA

Chief Judge

Masaharu Kakehashi Sensei, Hanshi 8 Dan
Retired Chief Instructor, Tokyo Metropolitan Police

Individual Divisions:

Age 12 and younger
Age 13 to 15

Team Divisions (Kachinuki sen):

Age 16 and 18 (3 member team), total rank cannot exceed 12 Dan
Men (5 member team), total rank cannot exceed 20 Dan
Women - Age 16 and up (3 member team) total rank cannot exceed 12 Dan
Mudansha (3 member team)

Tournament package A: \$205.00

Check-in Friday, 8/2, check-out Sunday, 8/4
Include: 2 nights Housing, Saturday/Sunday Breakfast, Lunch and Sunday Dinner
Tournament registration fee and Sunday Kendo seminar

Tournament package B: \$116.00

Check-in Friday, 8/2, check-out Saturday, 8/3
Include: Tournament registration fee, one night Housing, Saturday Breakfast, Lunch and
Dinner

Tournament package C: \$160.00

Check-in Saturday, 8/3, check-out Sunday, 8/4
Include: 1 night housing, Saturday Lunch, Dinner, Sunday Breakfast, Lunch
Tournament registration fee and Sunday Kendo seminar

Tournament Participant must be current AUSKF member.

We respectfully ask Dojo Sensei, representative or contact to submit registration and roster at the same time.

Note: In the kachinuki format of team competitions, the winner of a match continues on to face the next opponent until they lose or tie. If there is a tie, the next competitors in the lin-up for both teams face one another.



School of the Japanese Way

Shozo Kato, Head Instructor

www.kendoka.org

The 27th Annual Shidogakuin Summer Camp

Wednesday, July 31 to Sunday, August 4
Bryn Mawr College, Bryn Mawr, PA

SUMMER CAMP REGISTRATION

Please Print Clearly in English/Romanji

Name: Last	First	Kanji/kana	
Address			City
State	Zip	Phone	E-mail
Dojo	Age/DOB	Sex	F M
		Circle one	
Kendo Rank	kyu dan	AUSKF ID #:	
		Circle one	
Emergency Contact			Phone

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 MY HEREAFTER ACCRUE TO ME AGAINST ALL UNITED STATES KENDO FEDERATION, GREATER NORTHEASTERN KENDO FEDERATION, SHIDOGAKUIN LTD., BRYN MAWR COLLEGE, THEIR OFFICERS, INSTRUCTORS, MEMBERS, AND EMPLOYEES IN CONNECTION WITH THE PARTICIPATION IN THE ANNUAL SHIDOGAKUIN SUMMER CAMP AND RELATED ACTIVITIES FROM JULY 31 TO AUGUST 4, 2019.

WHERE THE PARTICIPANT IS A MINOR, I (THE PARENT OR GUARDIAN) DO UNDERSTAND AND AGREE TO THE ABOVE WAIVER AND GIVE PERMISSION TO THE TOURNAMENT OFFICIALS TO SEEK MEDICAL ATTENTION FOR MY SON OR DAUGHTER IN THE EVENT OF SICKNESS OR INJURY.

Signature	Date
Parent/Guardian (if under 18)	Date

Participant must be current AUSKF member.

Please submit this form with registration form

Name: _____

Fee Schedule:

Make check payable to Shidogakuin

CAMP

Check one:

Full Camp

\$545.00 _____

\$515.00 _____

Check-in Wednesday, 7/31 1:00 PM, check-out Sunday, 8/4 2:00 PM

Shidogakuin Member

Include housing, all meals (starts from 7/31 dinner), seminar and tournament registration fee

One Day:

One night housing, three meals and one-day seminar

\$150.00 _____

For one day: Check-In _____ Check-Out _____
date date

Send camp registration, this page, health record, camp fee to:
Isabella Church, PO Box 198, Pottersville, NJ 07979

Late Fee: If register after Monday, July 13 \$30.00 _____

Please register before Saturday, July 13, 2019. Register after this date cannot be guarantee in the tournament.

TOURNAMENT

Tournament package A:

\$205.00 _____

Check-in Friday, 8/2, check-out Sunday, 8/4

Include: 2 nights housing, Saturday/Sunday breakfast, lunch and Saturday dinner

Plus Tournament registration fee and Sunday Kendo Seminar

Tournament package B:

\$116.00 _____

Check-in Friday, 8/2, check-out Saturday

Include: Tournament registration fee, one night housing, Saturday breakfast, lunch and dinner

Tournament package C:

\$160.00 _____

Check-in Saturday, 8/3, check-out Sunday, 8/4

Include: 1 night housing, Saturday lunch, dinner, Sunday breakfast, lunch

Plus Tournament registration fee and Sunday Kendo Seminar

Tournament Participant must be current AUSKF member. Participant is limited one division.

Send tournament registration, this page, registration fee to:
Isabella Church, PO Box 198, Pottersville, NJ 07979

Deadline: Saturday, July 13, 2019

Note: We respectfully ask dojo sensei, representative and/or contact to provide team roster list and submit registration at the same time.

For camp participant who are age 16 or older and does not have a team, we will do our best to form mixed team.

SHINSA

Deadline: Saturday, July 6, 2019

Please refer to ranking promotion application form for shinsa fee and menjo fee information.



School of the Japanese Way

Shozo Kato, Head Instructor

www.kendoka.org

The 35th Shidogakuin Anniversary Tournament
Saturday, August 3
Bryn Mawr College, Bryn Mawr, PA

TOURNAMENT REGISTRATION

Please Print Clearly in English/Romanji

Name: Last First Kanji/kana

Address City

State Zip Phone E-mail

Dojo Age/DOB Sex F M
Circle one

Kendo Rank (circle one) kyu dan AUSKF ID #:
Circle one

Emergency Contact Phone

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 MY HEREAFTER ACCRUE TO ME AGAINST ALL UNITED STATES KENDO FEDERATION, GREATER NORTHEASTERN KENDO FEDERATION, SHIDOGAKUIN LTD., BRYN MAWR COLLEGE, THEIR OFFICERS, INSTRUCTORS, MEMBERS, AND EMPLOYEES IN CONNECTION WITH THE PARTICIPATION IN THE AUGUST 3 TOURNAMENT 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 TOURNAMENT OFFICIALS TO SEEK MEDICAL ATTENTION FOR MY SON OR DAUGHTER IN THE EVENT OF SICKNESS OR INJURY.

Signature Date

Parent/Guardian (if under 18) Date

Participant must be current AUSKF member. Participant is limited to one division.

Check one:

Tournament package A (Check-in Friday, 7/31, check-out Sunday, 8/4): \$205.00
Tournament package B (Check-in Friday, 7/31, check-out Saturday, 8/3): \$116.00
Tournament package C (Check-in Saturday, 8/3, check-out Sunday, 8/4): \$160.00

Make check payable to Shidogakuin

We respectfully request Dojo Sensei, representative or contact to provide team roster list and participants' registration at the same time.

Dojo: _____

Kachinuki Sen

Age 16 - 18 (3 member team) total rank cannot exceed 12 Dan

A Team:

1. _____ Rank _____

2. _____ Rank _____

3. _____ Rank _____

B Team:

1. _____ Rank _____

2. _____ Rank _____

3. _____ Rank _____

Mudansha (3 member team)

A Team:

1. _____

2. _____

3. _____

B Team:

1. _____

2. _____

3. _____

Women - Age 16 and up (3 member team) total rank cannot exceed 12 Dan

A Team:

1. _____ Rank _____

2. _____ Rank _____

3. _____ Rank _____

B Team:

1. _____ Rank _____

2. _____ Rank _____

3. _____ Rank _____

We respectfully request Dojo Sensei, representative or contact to provide team roster list and participants' registration at the same time.

Dojo: _____

Kachinuki Sen

Men (5 member team) total rank cannot exceed 20 Dan

A Team:

1. _____ Rank _____
2. _____ Rank _____
3. _____ Rank _____
4. _____ Rank _____
5. _____ Rank _____

B Team:

1. _____ Rank _____
2. _____ Rank _____
3. _____ Rank _____
4. _____ Rank _____
5. _____ Rank _____



GREATER NORTHEASTERN US KENDO FEDERATION

The regional federation

of

All United States Kendo Federation

KENDO EXAMINATION APPLICATION FORM

Date ____/____/____ Exam Date 8 / 3 / 2019 Requesting Rank _____
Circle one: Kyu / Dan

Name _____
(Last) (First) (M.I) Regional Kendo Federation & AUSKF ID#

Address _____
(Street)

(City) (State) (Zip)

Phone _____ Cell _____

Date of Birth ____/____/____ Age at time of testing _____ E-Mail _____

Present Rank _____ A copy of your current rank menjo: Please send it along with the exam application form.
(Kyu/Dan)

List any handicaps, injuries etc: _____

(Signature of Applicant) (Date)

(Instructor's Signature) (Date)

(Signature of Regional President) ****required only for non-GNEUSKF member**** (Date)

MENJO APPLICATION

MENJO FEE CHART	
<i>*Circle one that apply*</i>	
Kyu	ENGL
17yrs & Under	\$20
18yrs & Over	\$30
.....	
1 Dan	\$50
2 Dan	\$60
3 Dan	\$70
4 Dan	\$80

LAST _____ FIRST _____

DOJO SENSEI'S NAME _____
Print

MENJO MAILING ADDRESS: Please provide one address for each dojo since we will send all menjo in one time. We prefer sensei's address.

(Street)

1. Please pay exam & menjo fee **in advance**.
2. Please make **separate checks** for exam fee and menjo fee. _____ (City) (State) (Zip)
3. Please make both exam & menjo checks payable to **Shidogakuin**.
4. Menjo check will be voided if the applicant does not pass the test.
5. **Exam fee is \$30**
6. Please send your essay with this application form.
7. Please send a copy of your current rank menjo.

EXAM APPLICATION, FEES & ESSAYS
MAIL TO:
Isabella Church, PO Box 198, Pottersville, NJ 07979
DEADLINE: Saturday, July 6, 2019

STAPLE TEST FEE CHECK HERE

STAPLE MENJO FEE CHECK HERE



All United States Kendo Federation

Kendo Promotion Examinations Written Test Questions (1Kyu - 4Dan)

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”

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

- A) Describe the benefits of the Kendo Kata and its relevance to Shinai Kendo
- B) Describe the “Zanshin”

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.

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