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 guarantee 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  35th 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 line-up for both teams face one another.
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:

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee 1</th>
<th>Fee 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Camp</td>
<td>$545.00</td>
<td>$515.00</td>
</tr>
<tr>
<td>Check-in Wednesday, 7/31 1:00 PM, check-out Sunday, 8/4 2:00 PM</td>
<td></td>
<td>Shidogakuin Member</td>
</tr>
<tr>
<td>Include housing, all meals (starts from 7/31 dinner), seminar and tournament registration fee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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

<table>
<thead>
<tr>
<th>A Team</th>
<th>B Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _______________________________ Rank _____</td>
<td>1. _______________________________ Rank _____</td>
</tr>
<tr>
<td>2. _______________________________ Rank _____</td>
<td>2. _______________________________ Rank _____</td>
</tr>
<tr>
<td>3. _______________________________ Rank _____</td>
<td>3. _______________________________ Rank _____</td>
</tr>
</tbody>
</table>

Mudansha (3 member team)

<table>
<thead>
<tr>
<th>A Team</th>
<th>B Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ______________________________________</td>
<td>1. ______________________________________</td>
</tr>
<tr>
<td>2. ______________________________________</td>
<td>2. ______________________________________</td>
</tr>
<tr>
<td>3. ______________________________________</td>
<td>3. ______________________________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A Team</th>
<th>B Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _______________________________ Rank _____</td>
<td>1. _______________________________ Rank _____</td>
</tr>
<tr>
<td>2. _______________________________ Rank _____</td>
<td>2. _______________________________ Rank _____</td>
</tr>
<tr>
<td>3. _______________________________ Rank _____</td>
<td>3. _______________________________ Rank _____</td>
</tr>
</tbody>
</table>
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 __________________________________________________________ Regional Kendo Federation & AUSKF ID#

(First ) (M.I) (Last)

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

*Circle one that apply*

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)

(City) ___________________________ (State) ___________________________ (Zip) ___________________________

1. Please pay exam & menjo fee in advance.
2. Please make separate checks for exam fee and menjo fee.
3. Please make both exam & menjo checks payable to Shidogakui.
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
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.

<table>
<thead>
<tr>
<th>NAME (last)</th>
<th>(first)</th>
<th>SEX</th>
<th>AGE</th>
<th>BIRTHDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS (street)</th>
<th>(town)</th>
<th>(state)</th>
<th>(zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHONE</th>
<th>HOME</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In emergency, notify relationship

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>PHONE</th>
<th>OTHER PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Health History

### (Check)

- Chicken Pox
- Measles
- German Measles
- Mumps
- Whooping Cough
- Other
- Hay Fever
- Asthma
- Insect Sting
- Drugs (Specify)
- 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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date</th>
<th>Booster</th>
<th>Disease</th>
<th>Date</th>
<th>Booster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td></td>
<td></td>
<td>Rubella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Physical Examination

**To be completed by a licensed physician**

<table>
<thead>
<tr>
<th>Code</th>
<th>1 Satisfactory</th>
<th>2 Not Satisfactory</th>
<th>0 Not Examined</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Height</td>
<td>Weight</td>
<td>B.P.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Examining Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Print Physician’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State Licensed In:</th>
<th>Lic#</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>