

49TH ANNUAL ISKF MASTER CAMP & INTERNATIONAL GOODWILL TOURNAMENT

Registration Form:

Name _____

DOB ____/____/____ Sex ____ Rank ____

Address _____

City _____ State ____ Zip _____

Region _____ Country _____

Email _____ Tel _____

Dojo Name _____

Are you a ISKF member? Yes ____ No ____

I plan to attend on the following check days:

June 12 13 14 15 16 17 18 19 Total _____ days

Cabin preference (see **Camp Map**): Cabin Number _____

49TH Anniversary ISKF Master Camp 2015 T-shirt Order Form:

In order to guarantee your T-shirt, you must pre-order, and include payment with pre-registration. We cannot guarantee availability or size at Master Camp. Pre-order postmarked deadline: April 12th, 2015. No shirts will be pre-ordered without payment in advance.

Price per shirt: Pre-ordered \$18.00 (US) / At Camp \$25.00 (US) - subject to availability

T-shirt sizes: Adult S, M, L, XL and XXL

1. Size ____ Qty ____ Amount Enclosed \$ _____

2. Size ____ Qty ____ Amount Enclosed \$ _____

3. Size ____ Qty ____ Amount Enclosed \$ _____

4. Size ____ Qty ____ Amount Enclosed \$ _____

5. Size ____ Qty ____ Amount Enclosed \$ _____

□ RECORD OF QUALIFICATION:

Please type or print clearly.

Name _____ Date of Birth ____/____/____

Gender _____ Present Rank _____ Dan _____

Address _____

City _____ State _____ Zip _____ Country _____

Dojo _____ Region _____

Telephone _____ Fax _____

Email _____

Judge Qualifications

Instructor Qualifications

	Date of Exam	Registration Number	Date of Exam	Registration Number
D	____/____/____	_____	____/____/____	_____
C	____/____/____	_____	____/____/____	_____
B	____/____/____	_____	____/____/____	_____
A	____/____/____	_____	____/____/____	_____

Examiner Qualifications

	Date of Exam	Registration Number
D	____/____/____	_____
C	____/____/____	_____
B	____/____/____	_____
A	____/____/____	_____

I PROMISE THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AND I WILL CONTINUE TO UPHOLD THE STANDARDS AND HONOR OF THE ISKF.

Signature _____ Date _____

I plan to take the following examination(s):

EXAMINATIONS	1st TIME?	CURRENT RANK (if any)	DATE OF LAST EXAM
DAN	Y____/N____		
*JUDGE	Y____/N____		
*INSTRUCTOR	Y____/N____		
*EXAMINER	Y____/N____		

If you are taking the Dan examination please list previous Dan registration numbers (if applicable):

DAN RANK	REGISTRATION NUMBER	DATE OF EXAM	CHIEF EXAMINER
1			
2			
3			
4			
5			
6			
7			
8			

If you are an ISKF member, you must have a current ISKF membership card. You will be charged \$50.00 (US) for a replacement card at camp.

Dan Examinees must include a completed Dan Exam Registration Form signed by their chief instructor with their Camp Registration.

□ REQUEST FOR DAN REGISTRATION:

**FOR PURPOSES OF CLARITY ALL INFORMATION MUST BE TYPEWRITTEN.
HANDWRITTEN FORMS WILL BE RETURNED.**

****All registration forms must be signed by the Chief Instructor of
the examinee's club to be accepted.****

Name _____

Address _____

Telephone (_____) _____ E-mail _____

Registering for _____ Dan Date of Examination ____/____/____

Examiner _____ Instructor _____

**Instructor's Signature _____ **

Club Name _____ Country _____ Region _____

PERSONAL INFORMATION

Date of Birth ____/____/____ Sex M____ F____

Occupation _____

KARATE HISTORY

When did you begin karate practice? Year _____

Previous Dan Registrations:

Date of Exam	Reg. No.	Date of Exam	Reg. No.
1 Dan ____/____/____	_____	5 Dan ____/____/____	_____
2 Dan ____/____/____	_____	6 Dan ____/____/____	_____
3 Dan ____/____/____	_____	7 Dan ____/____/____	_____
4 Dan ____/____/____	_____	8 Dan ____/____/____	_____

**I REQUEST THAT MY RANK BE LISTED IN THE REGISTER OF THE INTERNATIONAL
SHOTOKAN KARATE FEDERATION.**

I PROMISE TO UPHOLD THE STANDARDS AND HONOR OF THE ISKF.

Student's Signature

FOR EXAMINER'S USE ONLY

Rank Awarded _____ Examiner's Signature _____

Promotion by: (check one) EXAMINATION RECOMMENDATION HONORARY

Remarks: _____

PAYMENT FORM:

Mail with \$50.00 (US) deposit to:
ISKF 222 South 45th Street Philadelphia, PA 19104 USA

Camp Deposit/Tuition \$ _____

Linen Service (\$25) \$ _____

T-shirt (total amount) \$ _____

Dan Exam/Registration \$ _____

Exam Fee: (\$40 each category, US and International)

Judge \$ _____

Instructor \$ _____

Examiner \$ _____

Qualification Registration Fee:	US category \$40 each	International category \$20 each
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Judge	\$ _____	\$ _____
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Instructor	\$ _____	\$ _____
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Examiner	\$ _____	\$ _____
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Total Amount Enclosed	\$ _____	\$ _____
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All fees are due in US currency. Please make check or money order payable to **"IKA"** or make payment by credit card (VISA, MASTER, DISCOVER). We do not accept American Express.

Card # _____

Exp. Date: ____ / ____ / ____

Signature _____

Participant's Medical Questionnaire:

To be completed by all adults and guardians of minors attending 49th Annual ISKF Master Camp 2015

Name _____ Date of Birth _____ Sex _____ Rank _____
Address _____ City _____ State _____ Zip _____
Region _____ Country _____ Dojo _____

Do you have a history of any of the following conditions? Please check either yes or no for each one.

If you answer yes to any, please explain:

Yes No
____ ____ Heart murmur
____ ____ Hypertension
____ ____ Recent infection
____ ____ Bone fracture in the past six months
____ ____ Concussion or severe head injury in the past six months
____ ____ Seizures
____ ____ Eye injury
____ ____ Severe bone bruises requiring padding
____ ____ Kidney injury
____ ____ Allergy to medication (list all):
____ ____ Are you currently taking any medications? If yes please specify _____
____ ____ Other: _____

Signature of Participant (Parent or Guardian if under 18 years of age) Date _____

WAIVER/RELEASE AGREEMENT:

Event: 49th Annual International Shotokan Karate Federation Master Camp 2015, International Goodwill Tournament. I understand that there are risks and dangers inherent in martial arts training and in participating in and/or receiving instruction at the EVENT. I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of personal injury or death or for property damage suffered by me while participating in and/or receiving instruction at the EVENT. I expressly acknowledge that my participation in the EVENT may subject me to personal injury or bodily harm and I assume any and all risks of that participation. I also understand that in order to be allowed to participate in and/or receive instruction at the EVENT, I must give up my rights to hold the International Shotokan Karate Federation and its affiliates, East Coast Shotokan Karate Association, Camp Green Lane, and any and all other clubs, schools, instructors, members, judges, officials, representatives and all other participants (collectively the "Releasees") liable for any injury or damage which I may suffer while participating in and/or receiving instruction at the EVENT. I also understand and agree that by signing the Waiver/Release, I acknowledge that I am solely responsible for having or obtaining all insurance coverage which may be necessary or desirable in connection with my participation in and/or receipt of instruction at the EVENT and for any travel to and from the EVENT and in all lodging or any other activities which may be related directly, indirectly or incidentally to the foregoing. I further understand and agree that any fees or costs required for necessary or requested medical attention shall be my sole responsibility and that I shall not seek indemnification or contribution from any Releasee in connection therewith. I also understand that the Releasees shall not be responsible for any incidental, consequential or exemplary damages of any kind even if they are notified of the possibility of such in advance. I also understand and agree that any damage to any lodging sites or the tournament site that I cause is my full responsibility. In no case are said damages the responsibility of any of the Releasees. I further understand and agree that as consideration for my participation in the EVENT, the International Shotokan Karate Federation and /or its designees shall have the right to use my name, image or likeness in the promotion of the EVENT or in any publication relating to the EVENT (or similar Events) and in any broadcast or rebroadcast transmission of the EVENT without any additional consideration to me for the use of my said name, image or likeness. -I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation in and/or receipt of instruction at the EVENT. Knowing this, and in consideration of being permitted to participate in and/or receive instruction at the EVENT, I hereby release and agree to indemnify and hold harmless the above-named Releasees individually and their entities, and their officers, agents, principals, partners, shareholders, directors and employees from any and all liability or costs, including attorney fees, associated with or arising from my participation in and/or receipt of instruction at the EVENT. I further understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representative, my assigns, my children and any guardian ad litem for said children. I understand that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf. I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it.

Print Name _____ Date _____

Sign Name _____ Witness _____

WE STRONGLY ADVISE ALL PARTICIPANTS TO HAVE THEIR OWN MEDICAL INSURANCE.



MINOR PARTICIPANTS:

THIS FORM MUST BE FILLED OUT BY PARENT OR LEGAL GUARDIAN.

PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE SUPPLIED.

EMERGENCY CONTACT AND MEDICAL INFORMATION:

Name of Parent/Legal Guardian: _____

Address: _____

City _____ State _____ Zip _____ Country _____

Telephone (_____) _____ (day) (_____) _____ (night)

Child's Name: _____

Any recent or present condition or injury: _____

My child is allergic to the following medications: _____

My child routinely takes the following medication: _____

Her/his last tetanus immunization was: _____

GRAND VIEW HOSPITAL, SELLERSVILLE, PA. PARENTAL CONSENT FOR EMERGENCY TREATMENT:

Date: ____/____/____

I hereby give permission to the Emergency Department at Grand View Hospital to treat my son/daughter (name of minor):

Last Name _____ First Name _____

while we are away. I understand this permission covers the average emergency such as strain, sprain, cut, bruise, scrape, bump, skin rash such as impetigo, poison oak or ivy, bites such as bee stings and snake bites, allergic reactions, foreign bodies in the eye or skin, upset stomach, diarrhea, pink eye, minor burns, sunburn, suspected minor fractures, minor concussions, fevers, diagnostic x-rays, suturing, and the like. I give permission for my child to receive a tetanus booster (if needed). This permission is valid for 6 months only. I also understand that in cases of major significance such as a fracture, appendicitis, or any illness or injury requiring admission that additional consents will be necessary for treatment and that the hospital will make every attempt to reach me. I can be reached at the above address. Authorization is hereby given to release to:

_____ (insurance company)

_____ (policy number)

any information needed to complete hospitalization claims. Finally, I understand in cases of acute emergency when hospital personnel have attempted to notify me and are unable to reach me, that this permission form will suffice for treatment until such time as I am able to be reached.

While we are away, (name of minor): Last Name _____ First Name _____

is under care of: East Coast Shotokan Karate Federation.

This form is for minor participants and must be filled out by Parent or Legal Guardian. Please print clearly. All information must be supplied.

INTERNATIONAL SHOTOKAN KARATE FEDERATION / EAST COAST SHOTOKAN KARATE ASSOCIATION PARENTAL CONSENT FORM:

First Aid

I hereby give permission for the International Shotokan Karate Federation/East Coast Shotokan Karate Association (hereinafter "ISKF/ECSKA") doctor or nurse to administer minor first aid and/or seek emergency medical care for my son/daughter (name of minor):

Last Name _____ First Name _____

during his/her stay at the 49th Annual ISKF Master Camp 2015 and International Goodwill Tournament being held at Camp Green Lane June 12-19, 2015. I understand that this permission covers the average emergency such as, but not limited to, strains, sprains, cuts, bruises, scrapes, bumps, skin rashes, minor bites, allergic reactions, upset stomach, diarrhea, minor burns, suspected minor fractures, fevers, and other similar occurrences. This permission is valid only for the duration of the ISKF/ECSKA event or activity described above.

Emergency Care

In the event that my child needs emergency medical care, as determined by the ISKF/ECSKA doctor/nurse, supervisory staff or administrators, I hereby give permission for said child to be treated in the emergency room and by the medical professionals of the hospital or medical center nearest to or most easily accessible to the ISKF/ECSKA event or activity described above. This permission includes, but is not limited to, fractures, snake bites, allergic reactions, minor concussions, contusions, lacerations, foreign bodies in the eyes or skin, fevers, diagnostic x-rays, suturing, minor burns, etc. I also give permission for my child to receive a tetanus booster (if needed).

I understand that in cases of major significance, such as a fracture, appendicitis, or any illness or injury which would require admission to a hospital, more consents will be necessary for treatment. If such a situation should arise, I further understand that the ISKF/ECSKA doctor/nurse, supervisory staff and/or administrators, and the hospital will make every attempt to reach me. I hereby release THE CAMP (49th Annual ISKF Master Camp 2015 and International Goodwill Tournament, ISKF/ECSKA and Camp Green Lane) from any and all liabilities due to personal injury, bodily harm, or lost or stolen articles.

_____ Date _____

Signature of Parent/Legal Guardian