

52ND ANNUAL ISKF MASTER CAMP & INTERNATIONAL GOODWILL TOURNAMENT

□ **Date:**

52nd ANNUAL ISKF MASTER CAMP & INTERNATIONAL GOODWILL TOURNAMENT is in session from June 8 - 15, 2018. For the purpose of calculating payment, each camp day begins at 4:00 P.M.

□ **Facilities:**

Master Camp is held at Camp Green Lane, a year-round training facility for athletic and youth programs. The cluster of cabins and training facilities includes dojo space, athletic field, tennis, basketball and beach volleyball courts, boating lake and swimming pool. The camp store offers special camp T-shirts, books and other karate related merchandise. The camp store does not sell personal toiletries or medical supplies.

□ **Accommodations / Linen Service:**

Room and board are included in tuition. Students room in cabins with 10 others. Linens must be reserved and paid for in advance. Linen service includes: 2 bath towels, 1 face towel, 1 washcloth, 2 bed sheets, 1 blanket, 1 pillow and pillow case. The linen fee is \$25.

□ **Reservations:**

Return an application with a \$50.00 (US) deposit before April 11th, 2018 and receive a \$25.00 (US) discount from the full tuition.

□ **Cancellations:**

If you are unable to attend camp for any reason, a refund of your deposit is available minus a \$20.00 (US) clerical fee. ***No refunds will be given after April 18th, 2018, and absolutely no refunds will be given at camp.***

□ **Location:**

Camp Green Lane is 45 miles northwest of Philadelphia and 8 miles north of the Pennsylvania Turnpike. All routes to camp are marked with the ISKF logo sign. See [□ Direction to Camp Green Lane:](#)

□ **Emergency Contact Number:**

Our telephone number at Master Camp is (215) 222-9382. ***This number is to be used for emergencies ONLY.***

□ **Vegetarian Meals:**

Ovo/Lacto vegetarian meals are available. There will be some vegan meals and we will do our best to accommodate.

□ Meeting:

The ISKF International Board of Directors meeting will be held Monday, June 11th, 2018 at 10:00 AM. All country directors / representatives are expected to attend. As this has been a year of many changes and growth, it is extremely important that all ISKF member countries are represented at this meeting.

□ International Goodwill Tournament (Ruled by ISKF):

52ND ANNUAL ISKF MASTER CAMP will feature an International Goodwill Tournament. The individual portion of the tournament is open to all adult ranks 18 years of age and above (beginners to black belt). Color belts will perform ippon kumite; brown belts Jiyu ippon, black belts Jiyu kumite. A mouthpiece and ISKF certified sparring gloves are mandatory for all participants. Only campers registered for the full week may participate in The Master Camp Goodwill Tournament. If you are participating in the Goodwill Tournament, you cannot take the judges exam.

□ Tuition:

	US / Canada	Others
7 days	\$495	\$430
6 days	\$490	\$425
5 days	\$470	\$410
4 days	\$435	\$375
3 days	\$375	\$340
2 days	\$285	\$250

Deduct \$25.00 (US) for registration before April 11th, 2018. All fees are due in US currency. Please make check or money order payable to **"ISKF"** or make payment by credit card (We will accept VISA, MASTERCARD, and DISCOVER).

□ Typical Schedule:

06:00 AM	Wake-up
06:30 AM	Training (All Levels)
08:45 AM	Breakfast
11:00 AM	Optional Training
12:45 PM	Lunch
01:45 PM	Lecture
03:00 PM	Trainees Class (Officially registered by ISKF)
04:30 PM	Training
05:30 PM	Free
06:45 PM	Dinner
08:00 PM	Lecture
10:00 PM	Lights Out

□ Special Activity:

Friday

04:30 PM First Training

Saturday

09:45 AM Youth Shiai - All Ranks
(A mouthpiece and ISKF certified sparring gloves are mandatory for all participants).

08:00 PM Lecture

Sunday

10:00 AM Written Examinations
(Judge/Instructor/Examiner)

10:30 AM Dan Exam (For Shodan to Godan)
Examiner Practical, D Instructor Practical

08:00 PM Lecture

Monday

10:00 AM ISKF International Directors Meeting

11:00 AM Special Activities

01:45 PM Dan Examination (For Rokudan and above)
C, B, A Instructor Practical

08:00 PM Game Night

Thursday

10:00 AM International Goodwill Tournament
(Adult All Ranks and Teams)

Judge's Practical Examination

08:00 PM Goodwill Celebration

□ Dan Examination and Registration:

Dan (For shodan to godan) exam, judges, examiner and instructor written exam, examiner's practical exam, and D instructor practical exam will take place on Sunday, June 10th. Dan (rokudan and higher) exam, and C, B, A Instructor's practical exam will take place on Monday, June 11th. The judge's practical will be held during the ISKF International Goodwill Tournament on Thursday, June 14th, 2018.

- Those who wish to take any of these exams must pre-register by completing the registration form and sending it, along with the exam fee (See ISKF website, INFORMATION page), to ISKF Headquarters **no later than April 11th, 2018. No applications or fees will be accepted at The Master Camp site.**

- Dan Examinees must have the permission from their country or regional Chief Instructor. Examinees must be ISKF members. A completed dan registration form (**No photo required**) signed by the examinee's chief instructor along with the exam fee and registration fee for the dan rank for which you are testing. **ALL EXAMINEES FOR ALL EXAMS MUST HAVE A CURRENT ISKF MEMBERSHIP CARD AND ISKF PASSPORT.** You will be charged \$50.00 (US) for a replacement card at camp. A mouth-piece & ISKF certified sparring gloves are required for all Dan Examinees.

□ Examinees:

The Dan examinees for Godan and above testing for the first time must submit their technical research paper to ISKF Headquarters **no later than April 27th, 2018.**

Special Lecture Guest Speakers

*Hiroyoshi Okazaki Shihan
ISKF Chairman & Chief Instructor*

*Garry Turnbull Sensei
ISKF Shihankai & country director - Jamaica*

*Dr. George Stollsteimer
Orthopaedic Surgeon, Sports Medicine*

□ Judge, Instructor and Examiner Fees:

\$40.00 (US) each

- Judge's Examination is open to registered ISKF Instructor Trainees. Since the exam is given in two (2) parts, weeklong attendance is necessary to be able to take this exam.
- Examiner and Instructor Examinations are open to those registered ISKF Instructor Trainees who have completed all other requirements as stated in the ISKF Instructor Trainee Manual.
- If you are registering to take the Instructors exam, all completed trainee reports along with a copy of the completed technical subject sheet with signatures must be sent to ISKF Headquarters no later than April 11th, 2018.
- All Dan, Examiner & Instructor examinees must attend Master Camp for a minimum of 3 days or more to be permitted to take these exams.

□ ISKF PASSPORT POLICY

The International Shotokan Karate Federation ("ISKF" or "Organization") requires that all members and clubs within the ISKF follow the new ISKF Passport Policy.

"All students (regardless of age) who will be testing for the rank of ikkyu, and all students who have already attained the rank of ikkyu (1st Kyu) and above must have an official ISKF Passport. For those individuals who are required to have a Passport, you must present your Passport prior to any test, examination or competition, otherwise you will not be allowed to participate".

The above is the mandatory policy, however students are permitted to purchase a passport at the time they become a member of ISKF.

□ Transportation Shuttle:

Fee is \$30(US Cash) each way- paid to driver. ***Do not send shuttle fee with camp deposit.*** ISKF shuttle buses will provide transportation from ISKF Headquarters to Camp Green Lane according to the following schedule:

Friday, June 8th, 2018

12 Noon, approximately every 2 hours till midnight

Saturday, June 9th, 2018

On-call basis from 9 AM till 10 PM

Sunday, June 10th, 2018

On-call basis from 9 AM till 10 PM

Monday, June 11th to Wednesday, June 13th, 2018

On-call basis from 10 AM till 8 PM

You will be able to schedule your ride from camp to the airport, train station and bus station when you reach Master Camp.

Limited transportation from camp to local shopping centers will be provided. Fee is \$5 per person per round trip.

□ **Camp Rules:**

- Complete Master Camp rules will be distributed at registration. There are a few items below which deserve your special attention.
- The most senior person in each cabin is the designated Cabin Captain and is responsible for the conduct of the members of that cabin, especially in regard to the items below.
- Campers are expected to clean their cabins before leaving Camp. Necessary equipment will be provided.
- Each camper will serve as a waiter. This is not only part of your tuition but also part of your training. No one is excused from his or her assignment.
- No one should find it necessary to wander beyond the perimeter of the campgrounds. The camp road is a public access road, please exercise caution when crossing.
- If you have any questions or concerns, feel free to contact us by mail, phone, fax or e-mail at:

ISKF 222 South 45th Street Philadelphia, PA 19104 USA

Tel/215.222.9382 Fax/215.222.7813 E-mail/iskf@iskf.com www.iskf.com

□ **Directions to Camp Green Lane:**

FROM THE NORTHEAST EXTENSION 476 (ROUTE 9) / PA. TURNPIKE

Northeast Extension 476 (Route 9) North to Lansdale Exit #31. Turn right (from exit) onto Route 63 West. After several miles (and about 15 minutes), turn right onto Route 563 North. Left on Township Line Road. Stay to the right, and the Camp entrance is approximately 3/4 mile, marked by large sign.

To get to the Northeast Extension:

FROM PHILADELPHIA AND SOUTH JERSEY

Take Route 76/Schuylkill Expressway West to Interstate 476 (Route 9) North (Exit 28B). Go through toll booth. Follow directions above.

FROM NORTHEAST PHILADELPHIA

Pennsylvania Turnpike West to Northeast Extension 476 (Route 9) North (Exit 25A). Follow directions above.

FROM NEW YORK, NORTHERN NEW JERSEY, WEST CHESTER COUNTY, NY

New Jersey Turnpike to PA Turnpike, Exit 6. PA Turnpike West to Northeast Extension 476 (Route 9) North (Exit 25A). Follow directions above.

FROM BALTIMORE, WASHINGTON, VIRGINIA

Interstate 95 North/East to just past Chester, PA. Take Interstate 476 North (Exit 7). Take to the end (21 miles) and go through toll booth for Northeast Extension. Follow directions above.

FROM HARRISBURG, YORK, WESTERN PA

Pennsylvania Turnpike East to Northeast Extension 476 (Route 9) North (Exit 25A). Follow directions above.

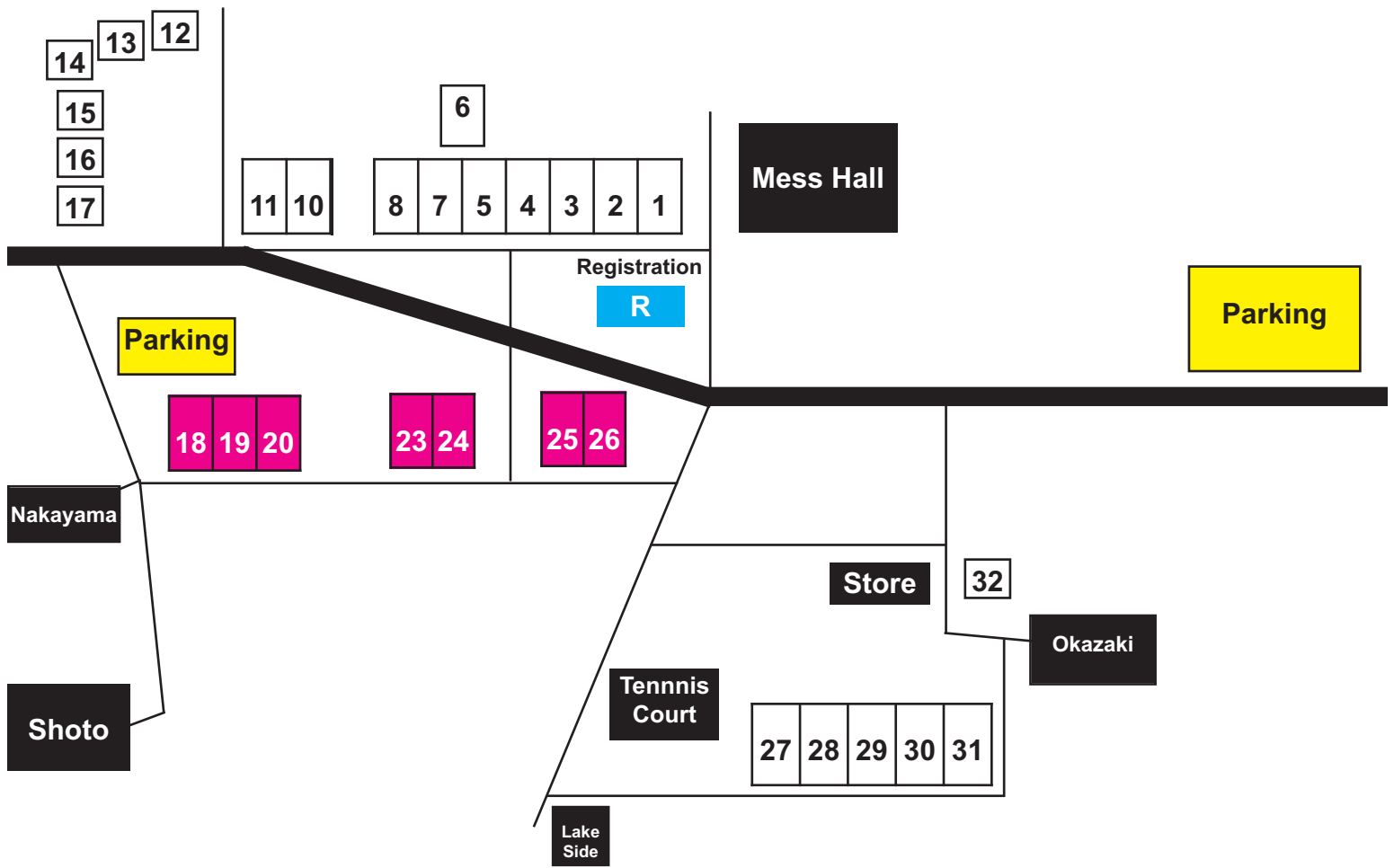
Address of Camp Green Lane:

249 Camp Green Lane Road, Green Lane, PA 18054

□ What To Bring:

- At least 2 gis - White only
- Casual clothes—expect temperatures in the 80's by day, in the 60's by night. Rain is always a possibility
- Towels and personal toiletries
- Running shoes (you wouldn't want to miss the morning jog!)
- Flashlight
- Money—the camp store will be selling gis, books and - other items. T-shirts should be pre-ordered.
- Linens, blankets (or sleeping bag) and pillow. There will be a limited number of linens available for a \$25.00 rental fee, but we strongly suggest bringing your own. Linens must be pre-ordered, and paid for in advance with registration fees.
- If you are taking any kind of medication, be sure to bring an ample supply with you.

□ CAMP MAP:



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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 8 9 10 11 12 13 14 15 Total _____ days

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

ISKF Master Camp 2018 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 11th, 2018. No shirts will be pre-ordered without payment in advance.

Price per shirt: Pre-ordered \$20.00 (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 and an ISKF Passport. 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 ____
Month Day Year

Occupation _____

KARATE HISTORY

When did you begin karate practice? Year _____ Month _____

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 Registration

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

Judge \$ _____

Instructor \$ _____

Examiner \$ _____

Qualification Registration:	US category	International category
	\$60 US each	Check your country's rate

Judge	\$ _____	\$ _____
Instructor	\$ _____	\$ _____
Examiner	\$ _____	\$ _____
Total Amount Enclosed	\$ _____	\$ _____

All fees are due in US currency. Please make check or money order payable to **“ISKF”** or make payment by credit card (VISA, MASTER, DISCOVER). **We do not accept American Express.**

Card # _____

Exp. Date: ____ / ____ / ____

Signature _____

☐ ISKF MEDICAL QUESTIONNAIRE:

This Medical Questionnaire must be completed, signed, and submitted to the proper ISKF authority each year by ISKF member wishing to compete in a karate tournament, take a Dan Examination, or participate in any ISKF event requiring this form.

1. You must have had a complete physical examination by a physician or a health care facility dated no longer than two years prior to the event in which you are expecting to participate.
2. The Medical Questionnaire will be reviewed by the ISKF event committee and will be held in a confidential file; contents may be reviewed by your instructor and the tournament medical staff.

PLEASE PRINT OR TYPE

Last Name:		First Name:		Date of Birth:	
Family Doctor:				Physician Phone:	
Age:	Gender: M		Gender: F		Rank:
Address:					
State:		City:		Zip:	
Club:					
Region:			Country:		
Instructor:					
Emergency Contact:	Name:			Phone:	
Relation to Participant:					

Do you have a history of any of the following conditions? Please check all that apply to you. If you answer YES to any. Please explain:

Condition	YES w/Explanation	No
Have you ever been told that you could not participate in a sport in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
Allergy to Medication(s). List all.	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Recent Infection	<input type="checkbox"/>	<input type="checkbox"/>

Bone fracture in past 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Concussion or severe head injury in past 6-12 months	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Eye injury	<input type="checkbox"/>	<input type="checkbox"/>
Severe bone bruises requiring padding	<input type="checkbox"/>	<input type="checkbox"/>
Kidney injury	<input type="checkbox"/>	<input type="checkbox"/>
Positive test for HIV	<input type="checkbox"/>	<input type="checkbox"/>
Positive test for Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
Other-Surgeries hospitalizations in the past 6-12 months - explain	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently taking any medications? (List all)

I attest that the above information is true and correct to the best of my knowledge. I further understand that this information is necessary to participate in ISKF events. Date of last complete physical exam by a physician or a health care facility:

Name of physician: _____

Name of health care facility: _____

I give permission to Dr. _____ to release any and all information regarding my medical visit on _____ (date) to the ISKF National Committee for review to medically qualify for karate participation on _____ date (MM/DD/YYYY).

Signature of competitor: _____ Date: _____

(Parent or guardian, if under 18 years of age): _____

Signature of instructor: _____ Date: _____

Signature of coach: _____ Date: _____

WAIVER/RELEASE AGREEMENT:

Event: 52nd Annual International Shotokan Karate Federation Master Camp 2018 & 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, Camp Green Lane, and any and all other clubs, schools, instructors, members, judges, officials, representatives and all other participants (collectively the "Releasee") 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: International 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 PARENTAL CONSENT FORM:

First Aid

I hereby give permission for the International Shotokan Karate Federation (hereinafter "ISKF") 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 ISKF Master Camp 2018 and International Goodwill Tournament being held at Camp Green Lane June 8-15, 2018. 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 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 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 doctor/nurse, supervisory staff and/or administrators, and the hospital will make every attempt to reach me. I hereby release THE CAMP (ISKF Master Camp 2018 and International Goodwill Tournament, ISKF 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