2013 JKA AMERICAN FEDERATION
NATIONAL CAMP

June 13 – 16, 2013
New Orleans, Louisiana, USA

REGISTRATION PACKAGE
Greetings,

We welcome you to our 2013 JKA American Federation Training Camp which will be held in New Orleans, Louisiana from June 13 – 16, 2013.

Master Naka and I, will instruct six classes over the four-day camp as well as oversee the Dan grading.

All rank levels are welcome to participate in this camp.

We welcome karate-kas who are not affiliated with the JKA to take this opportunity to come and join us in training to experience JKA karate at its best. Please contact us at camp@jkaaf.org for more information.

A great benefit comes from training together with an open mind and heart and learning from each other. A special spirit and energy emerges like fire when a group of people get together and train.

I am looking forward to seeing you at our camp.

Sincerely,

T. Mikami
Chairman and Chief Instructor
JKA American Federation
General Information

Registration
Participants are encouraged to register with full payment to JKA/AF no later than May 30th.

Mail registration forms and make US certified checks or money orders payable to JKA/AF.

Information
E-mail for Camp contact camp@jkaaf.org

Accommodations
**A list of hotels will be provided for those choosing to stay outside the campus.

Dan and Qualifications Examinations
Registrants must contact Maria Hrabec Maria@jkaaf.org before applying for the Dan and Qualifications Examinations, which must be submitted by May 30th.

Purpose
The camp is designed to standardize and improve technical level of karate worldwide under the guidance of JKA HQ standards.

Host
JKA American Federation

Date
June 13 - 16, 2013

Location
Human Performance Center, University of New Orleans Campus, New Orleans, Louisiana, USA

Eligibility
A minimum of three months of training is required.
Dan and examinees must attend the full camp to test.

A Good Will tournament will take place on Saturday June 15, 2013. We would like to encourage everyone in attendance at the camp to participate in this event.

IMPORTANT: For those who want to be in the National team pool, you must attend the camp and participate in the tournament.
SEMINAR CONTENT

1. General instruction

2. Dan examinations

- Only camp participants are eligible for examinations
- Examinees must have:
  - JKA passport
  - Copies of previous Dan Exam certificates
- Examinees who are transferring from another organization must inform registration representative prior to attending the camp
- Examinees must meet the minimum time frame requirement between exams as stipulated by JKA HQ

Dan Exam Fee Schedule

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<tr>
<th>Rank</th>
<th>Examination Fee</th>
<th>Registration Fee</th>
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<tbody>
<tr>
<td>1st Dan</td>
<td>$80 US</td>
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<td>2nd Dan</td>
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<td>6th Dan</td>
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Dan Examination Time Frames Chart

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<tr>
<th>Rank</th>
<th>Training Period</th>
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<tr>
<td>1st Dan</td>
<td>1 year after 1st Kyu</td>
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<tr>
<td>2nd Dan</td>
<td>Exceeding 1 year after 1st Dan, 16 years old and above</td>
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<tr>
<td>3rd Dan</td>
<td>Exceeding 2 years after 2nd Dan, 18 years old and above</td>
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<td>4th Dan</td>
<td>Exceeding 3 years after 3rd Dan</td>
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<tr>
<td>5th Dan</td>
<td>Exceeding 4 years after 4th Dan</td>
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<tr>
<td>6th Dan</td>
<td>Exceeding 6 years after 5th Dan</td>
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*All JKA members testing for Dan Exams should present current passport upon registration.

** If you fail a test, the registration portion will be refunded.

Participation Fees

Tuition is $250 US for entire camp if you register by May 30th (Post marked by May 25th, 2013). The fee will be $300 thereafter and at the door.

Instructors

Master Mikami Takayuki (9th Dan)
Master Tatsuya Naka (7th Dan)
PARTICIPANT’S MEDICAL QUESTIONNAIRE:
To be completed by all adults and guardians of minors attending the JKAAF Summer Camp 2013.

Name__________________________________________________________ Date of Birth__________________ Sex____ Rank____
Address________________________________________________________________________ City________ State____ Zip________
Organization__________________________________________________________ Country________________
Do you have a history of any of the following conditions? Please check either yes or no for each one.

Yes ___ No ___

___ 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:_______________________________________________________________________________________

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

WAIVER/RELEASE AGREEMENT: Event: the JKAAF Summer Camp 2013. 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 assume 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 hereby acknowledge that my participation in the EVENT June 13-16, 2013 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 JKA American Federation and its affiliates, All South Karate Federation, the University of New Orleans, 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 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 June 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 June 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 JKA American 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, audio/sound 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 June 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____________________
THIS FORM IS FOR MINOR PARTICIPANTS AND 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________

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: ________________________________

CONSENT FOR EMERGENCY TREATMENT:
Date:____/____/____
I hereby give permission to the Emergency Department at any hospital chosen or designated by the JKA American Federation 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: JKA American 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.

JKA American Federation/ All South Karate Federation PARENTAL CONSENT FORM:

First Aid
I hereby give permission for JKA American Federation / All South Karate Federation (hereinafter “JKAAF/ASKF) 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 JKA American Federation Summer Camp 2013 being held at University of New Orleans, New Orleans, Louisiana, June 13-16,2013. 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 JKAAF/ASKF event or activity described above.

Emergency Care
In the event that my child needs emergency medical care, as determined by the JKAAF/ASKF 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 JKAAF/ASKF 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 JKAAF/ASKF doctor/nurse, supervisory staff and/or administrators, and the hospital will make every attempt to reach me. I hereby release THE CAMP (JKA American Federation Summer Camp 2013, JKAAF/ASKF and University of New Orleans from any and all liabilities due to personal injury, bodily harm, or lost or stolen articles.

________________________________________________________
Signature of Parent/Legal Guardian
2013 JKA American Federation Training Camp Registration Form

Name: ___________________________________________
Age: ___________________________________________
Male/Female (Circle one)  Address:
Phone#: ________________________, e-mail address:
Present Dan: _____ Dan

Participation Fees
($250 US for entire camp when registered by May 30th, 2013, and $300 US for entire camp when registered at the door.)

Family Discount
1st person 250.00
2nd person 230.00
3rd person 215.00
4th person 200.00

Dan Exam

Dan Registration

Camp T-Shirt (indicate size __________) $20.00

Dormitory

TOTAL

Please fill in this form and return it to the address for JKA American Federation. Registration by telephone will not be accepted. If there are any changes to your registration, please notify us by email (camp@jkaaf.org) before June 1st, 2013.

Cash, Certified Check or Money Order is due upon check-in or mail ahead of time. Make payments to: JKA American Federation. Make sure you mail your payment with enough time to be received before the first day of camp.

Please use the following mailing address for payment and registration:

JKA AMERICAN FEDERATION
706-C Phosphor Avenue
Metairie, LA 70005
Good Will Tournament
A Good Will tournament will take place on Saturday June 15, 2013. We would like to encourage everyone in attendance at the camp to participate in this event.

**IMPORTANT:** For those who want to be considered for participation in the National team pool, you must attend the camp and participate in the tournament.

Please complete the form below and send back with your registration. Early registration will facilitate logistic for an efficient tournament.

**Individual Registration Form**

<p>| Club: ____________________________________________ |</p>
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<th>Name</th>
<th>Rank</th>
<th>Sex</th>
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ACCOMMODATIONS

U.N.O. has informed us that dormitory accommodations are available at the Pontchartrain Hall South.

Rooms are set up in a suite of 4 rooms with 2 bathrooms to share. There is only one twin bed per room.

Price: $30.00 per person per night

Linens: $10.00 (pillow, sheets, blanket, and towels). You can supply your own if you wish to do so.

The following places are at walking distance or 5 minutes by car:

- BURGER KING
- DAIQUIRI AND COMPANY (they serve sandwiches)
- NACHO MAMA
- ROUSES SUPERMARKET
- SUBWAY
- TASTE OF ITALY
- SMOOTHIE KING
- WALGREENS

NOTE: We will need to know ahead of time if you are interested in these accommodations as we need a certain amount of room to book the facility.

HOTELS

It has been our experience in the metro New Orleans area that booking on your own through the internet allows for better deals than blocking rooms locally.

We will forward any additional information should it becomes available.
Thursday June 13, 2013
12:00 Noon Check In
6:00 - 8:00 p.m. Training: KIHON – HEIAN KATA MIKAMI, NAKA

Friday June 14, 2013
7:00 – 9:00 a.m. Training: KIHON, KUMITE, SENTEI KATA
10:00 – 12:00 YOUTH TOURNAMENT
4:00 – 6:00 p.m. Training: KIHON, TOKUI KATA MIKAMI, NAKA

Saturday June 15, 2013
8:00 - 10:00 a.m. Training: KIHON, TOKUI KATA
11:00 a.m. - 12:30 p.m. *Good Will tournament
2:00 - 3:30 p.m. Training: SPECIAL YOUTH CLASS
4:00 - 6:00 p.m. Training: KIHON, KUMITE, TOKUI KATA - MIKAMI, NAKA
7:00 p.m. GET TOGETHER (location to be announced)

Sunday June 16, 2013
7:00 - 8:00 a.m. Training: OVERALL REVIEW
8:15 - 10:30 a.m. Dan exams
(Schedule subject to change)
Driving directions to U.N.O.:

1) from New Orleans Airport:
   - Head East on Airport Rd
   - Take the ramp on the left onto I-10 E
   - Continue onto I-610 E (signs for I-610 E/Slidell)
   - Take exit 3 for Elysian Fields Ave.
   - Merge onto Benefit St
   - Turn left onto Elysian Fields Ave.
   - Turn left at Leon C. Simon Dr.

2) from Texas or West
   - Take I-10 E to New Orleans and follow above directions

3) from Florida or East
   - Take I-10 W to New Orleans
   - Take I-610 W
   - Take exit 3 for Elysian Fields Ave.
   - Turn left onto Elysian Fields Ave.
   - Turn left at Leon C. Simon Dr.

4) from Mississippi and Alabama
   - take I-59 S or I-65 S to I-10 W (Slidell)
   - Take I-10 W to New Orleans
   - Take I-610 W
   - Take exit 3 for Elysian Fields Ave.
   - Turn left onto Elysian Fields Ave.
   - Turn left at Leon C. Simon Dr.