



Yoshukai
Karate
International
Summer
Training 2012

**REGISTRATION
PACKAGE**

Register by June 1st, 2012 and receive a FREE camp t-shirt!



Yoshukai Karate International

Dear Karateka:

We are pleased to announce the 4th annual YKI Summer Training Camp, which will be held at Webber International University, on July 19 - 22, 2012.

This year's event will feature 3 days of core curriculum training in kata, kumite, and weapons. Dan grade and 1st Kyu testing will be conducted by the YKI Testing Board for all eligible brown and black belts with the recommendation of their instructor.

Please inform all of your dojo members of this very special opportunity to train with fellow YKI members from around the world. Mark off July 19 - 22, 2012 on your calendar and post the dates on your dojo website.

Camp participants must register by July 1, 2012. Note that camp participants must provide payment in US (\$) funds, and present their YKI passports at check in. Meals and lodging are provided however; pillows, linens and towels are NOT provided so please remember to bring your own. Day campers are welcome for a reduced rate (does not include lodging).

As the event draws nearer, we encourage you and your dojo members to visit the Yoshukai Karate International website at <http://www.yoshukaikarateinternational.com> for updates and directions to Webber International University.

If you have any questions, please direct them to my attention at mike.mcclernan@yoshukai.org.

Sincerely yours,

Mike McClernan,
President, Yoshukai Karate International

Yoshukai Karate International Summer Training 2012

General Information

Registration

Participants are encouraged to register with full payment to YKI no later than **June 1st, 2012**. Children (under 18) MUST provide a **notarized** copy of the attached medical consent form.

Please complete the attached registration form and mail it along with a check or money order (payable to "YKI") to the following address:

Christina McClernan
738 NE 7th Ave.,
Gainesville, Florida 32601

Information

E-mail questions to Christina McClernan at **cmclernan@att.net** (352-262-8376)

Accommodations

To reserve a spot at camp you must specify registration type (regular participant, non-participant or day camper). If you are a day camper, please specify which days you wish to attend. Overnight campers will be provided a dormitory room as well as 3 meals per day (dinner on Thursday night, breakfast and lunch on Sunday). See map for directions to Webber International University. You can also visit **www.webber.edu** for more information about the campus.

1st Kyu and Dan Grade Examinations

Instructors must contact Mike McClernan by email (**mike.mcclernan@yoshukai.org**) with a list of test candidates. All requests for testing must be submitted by **May 15, 2012**.

Eligibility

The camp is open to all current members of Yoshukai Karate International. Your passport must be presented upon check-in. If you have not paid annual dues for 2012, they must be paid at check-in.

Dates

July 19 - 22, 2012

Location

Webber International University
1201 N. Scenic Highway
Babson Park, Florida 33827
www.webber.edu

Yoshukai Karate International Summer Training 2012

Registration Form

Date: July 19 - 22, 2012

Place: Webber International University
1201 N. Scenic Highway
Babson Park, Florida 33827
1-800-741-1844

**Registration by June 1st includes one (1) free t-shirt for each participant/day camper*

Registration Fee: \$265.00 Participants
\$180.00 Non-participants (room and breakfast/lunch/dinner)
\$113.00 (single day) Day Campers (lunch/dinner only)
\$211.00 (2-days) Day Campers (no overnight stay, lunch/dinner only)

Multiple Family Member Discount:

\$265.00 for first student
\$240.00 for each additional family member

Early Registration is due by June 1st, 2012

Late Registration deadline is July 1st, 2012

Check In: Thursday July 19th from 12:00 p.m. – 6:00 p.m.

(If you require a late check-in, please make prior arrangements with your instructor)

Meals: Dinner – Thursday, Friday and Saturday
Breakfast and Lunch – Friday, Saturday and Sunday

Lodging: **Please bring your own linens, pillows, and towels**

Questions: Direct all inquires to your instructor or
Christina McClernan
738 NE 7th Ave.,
Gainesville, Florida 32601
Email: cmclernan@att.net
Ph: 352-262-8376

Yoshukai Karate International Summer Training 2012

Registration Form (Deadline July 1st, 2012)

Please complete ONE (1) form for each person

All individuals spending the night **MUST register!**

Mail completed applications to: Christina McClernan 738 NE 7th Ave., Gainesville, Florida 32601

- Registration Type: Participant \$265.00 (training, food, lodging, and t-shirt*)
 Additional Family Member \$240.00 (training, food, lodging, and t-shirt*)
 Non-participant \$180.00 (food and lodging only) – **REGISTRATION REQUIRED**

Towels, sheets and pillows NOT PROVIDED - Please bring your own!

Day Campers (please check only one):

- Friday \$113.00 (training, lunch, dinner, t-shirt)
 Saturday \$113.00 (training, lunch, dinner, t-shirt)
 Friday and Saturday (no lodging) \$211.00 (training, lunch, dinner, t-shirt)

Name: _____

Address _____

City/State: _____ Zip: _____

Age: _____ Rank: _____

Phone: (____) _____ Email: _____

Instructor: _____

Name of Roommate(s): _____

(Children can have up to 3 per room – Adults will be housed with 5 per suite)

***Register by June 1st and receive one (1) free CAMP T-SHIRT**

Please indicate size desired:

Adult: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

Additional T-shirts or late registration (June 1st – July 1st): please include \$16.05 per shirt.

(Please indicate size/quantity and include payment with registration)

Adult: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

T-shirts are pre-order only by July 1st, 2012! No T-shirts available after registration deadline!



Yoshukai Karate International Participant's Waiver and Release Form

PARTICIPANT WAIVER AND RELEASE

In consideration of being allowed to participate in any class, activities, and events sponsored by Yoshukai Karate International, the undersigned hereby:

Agree that prior to participating, the participant/parent(s) or guardian(s) will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise the coach, supervisor or Yoshukai Karate International personnel of such condition(s) and refuse to participate.

Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.

Release, waive, discharge and covenant not to sue Yoshukai Karate International, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the class, activities, event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I hereby consent to the photographing of myself (and/or my child) and the recording of myself (and/or my child) and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. Further, I understand that others, with or without the consent of Yoshukai Karate International may use and/or reproduce such photographs and recordings. I hereby release that Yoshukai Karate International and any of its associated or affiliated companies, their directors, officers, agents, employees and customers from all claims of every kind on account of such use.

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

SIGNATURE

The undersigned certify that all answers are true and complete and that they have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily:

Student Name (*please print*):

*DOB:

Student Signature:

Date:

*If student is under the age of 18 years, please also provide name and signature of parent or guardian below:

*Parent/Guardian Name (*please print*):

*Parent/Guardian Signature:

*Date:

The Mission of Yoshukai Karate International is to preserve and promote the history and traditions of Yoshukai Karate while maintaining the highest standards of integrity, family values and the fair and equitable treatment of all members.

Yoshukai Karate International

Consent for Medical Treatment

PERMISSION TO TREAT (REQUIRED FOR ALL PARTICIPANTS UNDER AGE 18)

In presenting my son/daughter for diagnosis and treatment (name) _____
 Parent Legal Guardian
for _____ of _____ years of age, hereby voluntarily consent to
 Son Daughter
the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to _____
(Name of Person or Agency)

who will be caring for our (my) child _____
(Name of Child)

for the period _____ to _____ to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Family Physician: _____ Medications: _____

Pediatrician: _____ Child's Allergies: _____

Telephone: _____ Date of last tetanus booster: _____

In case of emergency, I can be reached at the following telephone number: _____

Alternate Contact/Telephone: _____

Health Insurance: _____

Policy/Group Number: _____ Telephone: _____

SIGNATURE

Signature: _____ Date: _____

Notary Signature: