



**27th ANNUAL
SIOUX FALLS
SHOTOKAN KARATE - ISKF
SUMMER CAMP
JUNE 27, 28 & 29, 2019
SANFORD FAMILY WELLNESS**



**INSTRUCTOR:
Hiroyoshi Okakazaki Shihan
9th Degree Black Belt
Chairman and Chief Instructor
of the ISKF**

27th ANNUAL SIOUX FALLS SUMMER CAMP INFORMATION

1. **LOCATION:** The Sanford Family Wellness is located at 8701 W. 32nd Street. (Tea/Ellis Road west of Sioux Falls). Training sessions will be held in the College Court (as indicated).
2. **PAYMENT:** Payment and registration forms must be in by **June 21, 2019**. Payment received after June 21, 2019, or persons registering the day of the camp will be charged the on-site rate.

Make checks payable to **Sioux Falls Shotokan Karate Club** and send to:

Lee Doohen
Sioux Falls Shotokan Karate Club
805 Bayberry Circle
Sioux Falls, SD 57108

DO NOT include payment for examinations with your Summer Camp pre-registration form. Registration for examinations will be held on Saturday, June 29 at 12:00 in the College Court.

3. **IF YOU DO NOT PRE-REGISTER:** If you do not pre-register and pay in advance for the seminars, you may register 1/2 hour prior to each training session. **On-site registration fees will apply.**
4. **ISKF CARDS:** All participants must have a current ISKF membership card. ISKF cards may be purchased at Camp for \$40.00. Present your ISKF card when registering. (We will be asking for these cards so please bring them with you!!)
5. **ISKF PATCHES:** All participants of the camp must have an ISKF patch on their karate uniform. Patches are available for purchase for \$6.00 each.
6. **Tournament (Kata and Kumite) to be held on FRIDAY AFTERNOON (June 28) starting at 1:30 p.m. - please complete the Tournament portion of the pre-registration form to participate in the Tournament. You must attend at least 2 sessions of the Summer Camp to participate in the Tournament. You must have hand mitts and mouth guards if competing in Kumite. Note, hand mitts must be ISKF approved.**
7. **Examinations - you must attend a minimum of two Summer Camp Seminars to test for a higher rank. No attendance at two seminars means no examination.**

EXAMINATIONS: Registration for examinations will be held on Saturday at 12:00 p.m. in the College Court Gym. **Examination fees are separate from the cost of the Summer Camp and payment received at registration on Saturday.** Examination forms will be available at registration.

*****NOTE*****

You MUST attend a minimum of 2 seminars to participate in the Examination (Kyu or Dan Level)

All students taking Dan Examinations will be required to pay the Dan examination fee, and also submit a completed Dan Registration Form (typewritten), two passport photos, **THE PASSPORT**, Red Book and a check for registering their rank. If the student is not successful, the materials will be returned, (except for the examination fee). If they pass, the papers will be provided to the Regional Director to process via I.S.K.F. headquarters. Dan Registration Forms may downloaded from our website at www.siouxfallshotokankarate.com.

	EXAMINATION FEE	REGISTRATION FEE
KYU RANK	\$40.00	NONE
SHODAN	\$100.00	\$90.00
NIDAN	\$120.00	\$120.00
SANDAN	\$140.00	\$165.00
YONDAN	\$170.00	\$220.00

8. **RELEASES:** There are two Releases to be signed. One is for the Karate Organization and the other is for Sanford. Please make sure you sign BOTH releases and return with your registration information.

9. **QUESTIONS REGARDING CAMP:** Contact Rita Doohen at (605) 351-2139 or sfshotokan@sio.midco.net

**27th ANNUAL SIOUX FALLS SUMMER CAMP
PROPOSED SCHEDULE – **SUBJECT TO CHANGE****

DATE	TIME	TRAINING/EXAM/ TOURNAMENT	LOCATION
Thursday – June 27	7:00 - 8:30 p.m.	SESSION #1 - All Levels	College Court
Friday - June 28	6:30 - 7:30 a.m.	SESSION #2 - All Levels	College Court
Friday - June 28	9:30 - 10:30 a.m.	SESSION #3 - Black Belts & Instructor Training	College Court
Friday - June 28	11:00 to 12:00	SESSION #4 – All Kyu Levels (including Brown Belts)	College Court
Friday - June 28	1:30 - 5:30 p.m.	TOURNAMENT	College Court
Saturday - June 29	7:30 - 8:30 a.m.	SESSION #5 – All Levels	College Court
Saturday - June 29	9:00 to 10:00 a.m.	SESSION #6 - Black Belts & Instructor Training	College Court
Saturday - June 29	10:00 a.m. to 11:00 a.m.	SESSION #7 - All Kyu Levels (White Belt through Purple Belt)	College Court
Saturday - June 29	11:00 a.m. to 12:00 Noon	SESSION #8 – Black & Brown Belts	College Court
Saturday - June 29	12:30	REGISTRATION FOR EXAMINATIONS	College Court
Saturday - June 29	1:30 p.m.	EXAMINATIONS	College Court

PRICING

	PRE-REGISTERED	ON-SITE
Individual Session	\$45.00	\$55.00
2 Sessions:	\$90.00	\$110.00
3 Sessions:	\$135.00	\$165.00
4-5 Sessions:	\$145.00	\$175.00

As you can see, it is more economical to attend all sessions. We do this to encourage participation of the entire camp and not just one or two sessions.

CAMP REGISTRATION FORM (PLEASE PRINT CLEARLY)

Name: _____

Address: _____

E-mail: _____

Telephone: _____

Dojo: _____

Identify which seminars you will be attending: _____

MAKE CHECKS PAYABLE TO SIOUX FALLS SHOTOKAN KARATE

SUMMER CAMP FEE: \$

TOTAL AMOUNT ENCLOSED: \$

TOURNAMENT REGISTRATION

KATA TOURNAMENT:

Name: _____
Participate? _____ (yes/no)
Age _____
Rank _____
Male/Female _____
Team Kata? _____ (yes/no)
Name of Kata
Team _____

KUMITE TOURNAMENT:

Name: _____
Participate? _____ (yes/no)
Age _____
Rank _____
Male/Female _____

RELEASE

I understand that my presence and my activities at the 27th Annual Sioux Falls Shotokan Karate ISKF Summer Camp and Tournament is completely at my own risk. For injuries I receive or perpetrate, or any actions initiated, completed, or received for or against me in a physical, legal, or other capacity, I release from any responsibility whatsoever; Sanford Family Wellness Karate Club, Sioux Falls Shotokan Karate ISKF, North Central Region ISKF, Sanford Family Wellness and any and all persons connected with the Summer Camp.

DATE: _____

Camp Participant's Signature

Parent or Guardian's signature if
under 18 years of age

Sanford Wellness

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the SANFORD WELLNESS for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the SANFORD WELLNESS, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the SANFORD WELLNESS for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE SANFORD WELLNESS FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE SANFORD WELLNESS, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the SANFORD WELLNESS, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the SANFORD WELLNESS, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the SANFORD WELLNESS premises or in any way observing or using any facilities or equipment of the SANFORD WELLNESS or participating in any program affiliated with the SANFORD WELLNESS whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the SANFORD WELLNESS and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the SANFORD WELLNESS.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of South Dakota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

Date participant's signature

Date parent's or guardian's signature
(if participant is legally a minor)