



# INTERNATIONAL SHOTOKAN KARATE FEDERATION

## SOUTHWEST REGION SUMMER KARATE CAMP

### JULY 12-14, 2019

Multipurpose Room, 12448 Braddock Drive, Los Angeles, CA 90066  
Camp Pre-Registration Deadline is July 1, 2019 (All fees non-refundable)

## CAMP PARTICIPANT REGISTRATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rank: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Dojo Name: \_\_\_\_\_

	<u>Pre-Registration</u>	<u>At Door</u>
Unlimited Training (All Eligible Seminars)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$140
Individual Seminar (mark your seminar attendance)		
<u>Friday July 12, 2019</u>		
7:00 PM – 8:30 PM All-Levels Training	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40
<u>Saturday July 13, 2019</u>		
9:00 AM – 10:30 AM All-Levels Training	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40
11:00 AM – 12:30 PM Youth Training (ages 5-12)	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40
1:00 PM – 2:30 PM Instructor Trainee & Black Belt Training	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40
3:00 PM – 4:30 PM All-Levels Training	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40
<u>Sunday July 14, 2019</u>		
9:00 AM – 10:30 AM All-Levels Training	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40
T-Shirt (Adult S, M, L, XL) Size: _____	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25
Tank Top (Adult S, M, L, XL) Size: _____	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25

TOTAL AMOUNT DUE \$ \_\_\_\_\_

**\*\* CAMP PRE-REGISTRATION DISCOUNT DEADLINE IS JULY 1, 2019 \*\***

Send forms & checks payable to: ISKF SANTA MONICA, 1218 5th Street, Santa Monica, CA 90401  
Contact [info@ISKFsantamonica.org](mailto:info@ISKFsantamonica.org) or (310) 395-8545 for questions or credit card payment.

**MISSION** To preserve and spread traditional Japanese karate through exceptional instruction.



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## CAMP PARTICIPANT REGISTRATION WAIVER

I, THE UNDERSIGNED, STATE:

I have been advised that my participation in the 2019 International Shotokan Karate Federation Southwest Region Summer Karate Camp (hereinafter "the Event") may expose me to a risk of serious personal injury including permanent disability and death. I am aware of this potential danger, and with full knowledge of this risk, voluntarily accept and assume the risk of injury by signing this RELEASE and by participating in these activities. Further, and in exchange for my participation in the Event, I, on behalf of myself and my successors, assigns, and heirs, release Community Karate Foundation, Inc. d/b/a ISKF Santa Monica, the International Shotokan Karate Federation, the International Shotokan Karate Federation Southwest Region, and any of their sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all liability from injury, damage or loss to person, persons or property based upon their negligence in connection with my participation in the Event. I further agree to indemnify and to hold harmless Community Karate Foundation, Inc. d/b/a ISKF Santa Monica, the International Shotokan Karate Federation, the International Shotokan Karate Federation Southwest Region, and any of their sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all claims made against them arising from participation in the Event. I fully understand that any medical treatment given at the Event will be of a first aid treatment type only, and it is my responsibility to consult with my primary care provider(s) regarding my medical condition before or after the Event. **I consent that any pictures and videos taken of me in connection with the Event can be used for publicity, promotion, exhibition, or publication on all media worldwide shown now or in the future, and I waive compensation in regard thereto.** All participants in the Event is by permission only. The Director or authorized agents reserve the right to refuse entry to any person, school, team or club. I have read this CONSENT and RELEASE, understand the meaning of its contents, and sign it voluntarily.

Participant Name (Print)

Date

Participant Signature

### For MINOR participant:

I, \_\_\_\_\_, am the parent or legal guardian for \_\_\_\_\_. I have read the above CONSENT to my child's participation in the 2019 International Shotokan Karate Federation Southwest Region Summer Karate Camp, under the terms and conditions above. With my signature, I hereby release Community Karate Foundation, Inc. d/b/a ISKF Santa Monica, the International Shotokan Karate Federation, the International Shotokan Karate Federation Southwest Region, and any of their sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives of any and all liabilities. **I consent that any pictures and videos taken of my child in connection with the Event can be used for publicity, promotion, exhibition, or publication on all media worldwide shown now or in the future, and I waive compensation in regard thereto.**

Parent Name (Print)

Date

Parent Signature

### EMERGENCY CONTACT:

Contact Name (Print)

Relation

Phone Number

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