

23rd ANNUAL ECSKA FALL CAMP

and

GOODWILL TOURNAMENT

September 10 - 12, 2010



**PRESENTED BY
EAST COAST SHOTOKAN KARATE ASSOCIATION**



Master Teruyuki Okazaki, 10th Dan

Dear Camper,

It was very good to see many of you at our 44th Annual Master Camp this past June. As you know, it was a very successful Master Camp with over 400 participants from 35 different countries. The East Coast participation was 157. I truly appreciate your support and the fine example you exhibited to our international members. Since our independence from the JKA, we have acquired almost 20 new countries! This Master Camp alone brought us 3 additional countries. As we grow, it becomes more important for our region, the East Coast, which is headquarters for our National and International ISKF to realize the significance of your participation. You are very fortunate to be here on the East Coast with easy access to so much excellent instruction. If our region continues to remain strong and steadfast, then the rest of our ISKF, Nationally and Internationally will follow suit. However, in order to do this we must stay in communication with one another and train with one another to assure that we are all doing things the same way and correctly.

Our 23rd Annual Fall Camp and Goodwill Tournament, September 10th, 11th & 12th, 2010 is the perfect venue to do all of these things. You will train with the finest instructors from the East Coast and in our ISKF, and you will get together with our East Coast family to share ideas and techniques. These are important not only to work on your karate techniques, but also to build a strong foundation for the East Coast as headquarters to our organization. I hope all of take advantage of a weekend away, to train with your friends and show your support once again to our East Coast Region and the ISKF.

I look forward to seeing all of at our 23rd Annual Fall Camp and Goodwill Tournament!

Sincerely,

Teruyuki Okazaki

Chairman and Chief Instructor

International Shotokan Karate Federation

Date:

ECSKA Fall Camp 2010 is in session from September 10 - 12. Registration will begin at 3:00 PM. **All karate-ka must show a current ISKF membership card.**

Tuition:

Regular \$280.00 (US) Pre-Registration \$250.00 (US)

Reservations:

Return an application with \$30.00 (US) deposit before August 14th, 2009 and receive a \$30.00 (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 \$15.00 (US) clerical fee. **Absolutely No Refunds Will Be Given After August 13, 2010.**

Training:

The first training will take place Friday evening at 6:00 PM. As always ECSKA Fall Camp will offer some of the best training available in the United States. Okazaki Sensei will head a roster of more than 12 qualified ISKF official instructors. Classes will be divided according to belt levels and training experience.

Facilities:

Fall Camp is held at Camp Green Lane, a year-round training facility for athletic and youth programs. The cluster of cabins and training facilities include 4 Dojo areas, athletic field, tennis, basketball and beach volley ball courts. The camp store offers special camp T-shirts, books and other karate related merchandise.

Accommodations:

Room and board are included in tuition. Students room in cabins with 10 others.

Location:

Camp Green Lane is located 45 miles northwest of Philadelphia and 8 miles north of the Pennsylvania Turnpike. All routes to camp are marked with the ISKF logo sign.

Emergency Contact Number:

Our telephone number at Fall Camp is (215) 234-6820. 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.

ECSKA Goodwill Tournament:

Fall Camp 2010 will feature an ECSKA Goodwill Tournament. The individual portion of the tournament is open to all ranks (beginners to black belt). Color belts will perform Ippon Kumite, brown & black belts will free spar. A Mouthpiece and Sparring Gloves Are Mandatory For All Participants.

Only camp participants may compete in the tournament. No walk-in competitors will be permitted.

Trainee's Class:

Subject #29

Dan Examination:

The Dan examinations will take place on Saturday Sept. 11, 2010. Those who wish to take the Dan examinations must pre-register by completing the form and sending it with exam and registration fees to ISKF Headquarters **no later than Aug. 13, 2010. No application or fees will be accepted at Fall Camp.**

Dan Examinees must attend the Fall Camp and have permission from their chief instructor. Examinees must be ISKF members. A complete dan registration form with (1) photo must be sent with the exam fee and registration fee for the dan rank that is being tested for. Please contact your chief instructor for registration forms. All examinees and all other ISKF members must have a current ISKF card. You will be charged \$50.00 (US) for a replacement card at camp.

Dan Examination fees:

Sho Dan	\$ 80.00
Ni Dan	\$100.00
San Dan	\$120.00
Yon Dan	\$150.00
Go Dan	\$ 200.00
Roku Dan	\$ 250.00

Dan Registration Fees:

Sho Dan	\$ 80.00
Ni Dan	\$110.00
San Dan	\$155.00
Yon Dan	\$210.00
Go Dan	\$260.00
Roku Dan	\$550.00

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/LegalGuardian: _____

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 medications: _____

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) _____ 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):

is under care of East Coast Shotokan Karate Federation.

Signature of Parent/Legal Guardian

Waiver/Release Agreement:

Event: East Coast Shotokan Karate Association Fall Camp 2010 and ECSKA 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, East Coast Shotokan Karate Association, Camp Green Lane, 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 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 _____

Registration Form:

Name _____

Date of Birth ____ / ____ / ____ Sex ____ Rank ____

Dojo _____ Instructor _____

Are you a vegetarian? Yes / No

Address _____

City _____ State ____ Zip _____

Tel _____ Fax _____

Email _____

Goodwill Tournament:

Adult kata _____ kumite _____

(Must be 18 years old and older)

A mouthpiece and sparring gloves are mandatory for all participants.

Dan Examination:

I plan to take the following examination(s):

Examination	Current Rank	Date of Last Exam
Dan		

First Time / Re-Exam (circle one)

If you are taking the Dan examination please list previous Dan registration numbers (if applicable):

Rank	Registration Number	Date of Exam	Chief Instructor/Examiner's Name
Sho			
Ni			
San			
Yon			
Go			
Roku			

ECSKA FALL CAMP 2010 Long Sleeve T-shirt Order Form:

In order to guarantee your T-shirt, you must pre-order. We cannot guarantee availability or size at Fall Camp.

Pre-order postmarked deadline: August 13, 2010.

Price per shirt: Pre-ordered \$22.00 (US) / At the Camp \$25.00 (US) - subject to availability.

Long sleeve T-shirt sizes: Adult S, M, L, XL and XXL

If you pre-order a shirt you must include a payment with your camp deposit.

1. Name	_____	Size	_____	Qty	_____	Amount Enclosed \$	_____
2. Name	_____	Size	_____	Qty	_____	Amount Enclosed \$	_____
3. Name	_____	Size	_____	Qty	_____	Amount Enclosed \$	_____
4. Name	_____	Size	_____	Qty	_____	Amount Enclosed \$	_____
5. Name	_____	Size	_____	Qty	_____	Amount Enclosed \$	_____
6. Name	_____	Size	_____	Qty	_____	Amount Enclosed \$	_____

Payment Form:

Mail with \$30.00 (US) deposit to: ISKF 222 South 45th Street
Philadelphia, PA 19104

Camp Deposit/Tuition-----\$ _____

Dan Exam/Registration-----\$ _____

T-shirt Payment-----\$ _____

Total Amount Enclosed-----\$ _____

Please make check or money order payable to "IKA" or make payment by credit card (VISA, MASTER, DISCOVER).

Card# _____

Exp. Date: _____ / _____ / _____

Signature _____

Participant's Medical Questionnaire:

To be completed by all adults and guardians of minors attending ECSKA Fall Camp 2010.

Name: _____

Date of Birth _____ Sex _____ Rank _____

Address: _____

City _____ State _____ Zip _____ Dojo _____

Do you have a history of any of the following conditions? Please check either yes or no for each one.

If you answer yes to any, please explain:

Yes No

- | | | |
|-----|-----|---|
| ___ | ___ | Heart murmur |
| ___ | ___ | 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 medication: If yes please specify. |

___ ___ Other: _____

_____ Date _____

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

Every Participant must complete and return a Medical Questionnaire and Waiver & Release Agreement.

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/East Coast Shotokan Karate Association Parental Consent Form:

Date: ____/____/____

First Aid:

I hereby give permission for the International Shotokan Karate Federation/East Coast Shotokan Karate Association (hereinafter "ISKF/ECSKA") doctor or nurse to administer minor first aid and/or seek emergency medical care for my son/daughter (name of minor) _____ during his/her stay at the ECSKA Fall Camp 2010 and ECSKA Goodwill Tournament being held at Camp Green Lane Sep. 10 - 12, 2010. 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/ECSKA 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/ECSKA 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/ECSKA doctor/nurse, supervisory staff and/or administrators, and the hospital will make every attempt to reach me.

I hereby release THE CAMP (ECSKA Fall Camp 2010 and ECSKA Goodwill Tournament ISKF/ECSKA and Camp Green Lane) from any and all liabilities due to personal injury, bodily harm, or lost or stolen articles.

Signature of Parent/Legal Guardian

**All Camp Participants Must Bring A
Current ISKF Membership Card.**

You will be charged \$50.00 at Registration

Fall Camp Information:

WHAT TO BRING

- At least 2 gis
- Casual clothes—expect temperatures in the 60's by day, in the 50's by night. Rain is always a possibility
- Towels and personal toiletries
- Running shoes
- 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. - If you are taking any kind of medication, be sure to bring an ample supply with you and inform the camp physician upon your arrival.

CAMP RULES

Complete Fall 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.

All Judges participating in the Goodwill Tournament must present their ISKF Qualification card.

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
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.

For more information please visit **WWW.MAPQUEST.COM**
Address: 249 Camp Green Lane Road Green Lane, PA 18054