

706-C Phosphor Avenue
Metairie, LA 70005
Phone 504-835-6825
Fax 504-835-6825
Email:maria@jakaaf.org
<http://www.jkaaf.org>

2009 JKA AMERICAN FEDERATION NATIONAL CAMP



May 28- 31, 2009

New Orleans, Louisiana, USA

REGISTRATION PACKAGE



JAPAN KARATE ASSOCIATION / AMERICAN FEDERATION, INC.

706 C PHOSPHOR AVENUE, METAIRIE, LA 70005 USA - Phone / Fax (504) 835-6825

Greetings,

We welcome you to our 2009 JKA American Federation Training Camp which will be held in New Orleans, Louisiana from May 28-31, 2009. Two Instructors from the Honbu Dojo will be present.

Master Osaka, Master Taniyama and I, will instruct six classes over the four-day camp as well as oversee dan gradings and qualification exams for judge, instructor, and examiner.

We encourage eligible participants to take the qualifications exams. Taking these exams is a way of better understanding traditional karate.

All rank levels are welcome to participate in this camp.

We welcome karatekas 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 Maria@jkaaf.org for 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 15th**. Mail registration forms and make US certified checks or money orders payable to JKA/AFF.

Information

E-mail for Camp questions to maria@jkaaf.org

In case of an emergency contact maria@jkaaf.org

Accommodations

We have the option of using the Tulane University dormitories. The rates are as follow:

Single rooms		Double rooms (2 persons per room)	
3 nights:	\$123.00	3 nights:	\$ 93.00 per person
Per night	\$ 41.00	per night	\$ 31.00 per person

Please register as soon as possible for the dormitory rooms

**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 15th**.

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

May 28-31, 2009

Location

Reilly Center, Tulane University Campus, New Orleans, Louisiana, USA

Eligibility

A minimum of three months of training is required.

Dan and Qualification examinees must attend the full camp to test.

Seminar Content

1. General instruction
2. Seminar for Judges
3. Qualifications exams for Instructor (Class D, C, B),
Judge (Class D, C, B)
Examiner (Class D, C)
4. Dan examinations
 - Only camp participants are eligible for examinations
 - Examinees must have a **JKA passport** with a copy of previous **Dan Exam certificate** as well as their **current qualification card**
 - 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

Seminar Categories

- A) Judges clinic

Participation Fees

\$200 US for entire camp when registered by April 30th, 2009. (Post marked by April 29th, 2009)
\$225 US for entire camp when registered by May 15th, 2009. (Post marked by May 14th, 2009)
\$250 US for entire camp when registered at the door.

Instructors

Master Mikami Takayuki (8th Dan)
Master Osaka Yoshiharu (8th Dan)
Master Taniyama Takuya (6th Dan)

EXAMINATION FEES

Dan Exam Fee Schedule

Rank	Examination Fee	Registration Fee
1st Dan	\$80 US	\$90 US
2ndDan	\$100 US	\$120 US
3rd Dan	\$120 US	\$165 US
4th Dan	\$150 US	\$200 US
5th Dan	\$200 US	\$270 US
6th Dan	\$250 US	Y 65,000

Qualification Exam Fee Schedule

Level	Examination Fee	Registration Fee
Instructor D Kyu	\$70 US	\$80 US
Instructor C Kyu	\$70 US	\$80 US
Instructor B Kyu	\$70 US	\$130 US
Examiner D Kyu	\$70 US	\$130 US
Examiner C Kyu	\$70 US	\$230 US
Examiner B Kyu	\$70 US	\$330 US
Judge D Kyu	\$70 US	\$80 US
Judge C Kyu	\$70 US	\$80 US
Judge B Kyu	\$70 US	\$130 US

*All JKA members testing for Dan and Qualification Exams should present current passport upon registration.

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

Qualifications Examination Time Frames Chart per the Japan Karate Association guidelines

Level	Eligibility
Instructor D Kyu	After obtaining 2nd Dan 20 years old and above
Instructor C Kyu	Exceeding 3 months after obtaining 3rd Dan Have a D Kyu level Instructor
Instructor B Kyu	Exceeding 3 months after obtaining 4th Dan Have a C Kyu level Instructor

Level	Eligibility
Judge D Kyu	Exceeding 3 months after obtaining 2nd Dan
Judge C Kyu	Exceeding 3 months after obtaining 3rd Dan Have a D Kyu level Judge
Judge B Kyu	Exceeding 3 months after obtaining 4th Dan Have a C Kyu level Judge

Level	Eligibility
Examiner D Kyu	Exceeding 3 months after obtaining 3rd Dan Have a D Kyu level Instructor 25 years old
Examiner C Kyu	Exceeding 3 months after obtaining 4th Dan Exceeding 1 year after obtaining D Kyu level Examiner Have a C Kyu level Instructor Have a C Kyu level Judge
Examiner B Kyu	Exceeding 3 months after obtaining 6th Dan Exceeding 1 year after obtaining C Kyu level Examiner Have a B Kyu level Instructor Have a B Kyu level Judge

Dan Examination Time Frames Chart

Rank	Training Period
1st Dan	1 year after 1st Kyu
2nd Dan	Exceeding 1 year after 1st Dan, 16 years old and above
3rd Dan	Exceeding 2 years after 2nd Dan, 18 years old and above
4th Dan	Exceeding 3 years after 3rd Dan
5th Dan	Exceeding 4 years after 4th Dan
6th Dan	Exceeding 6 years after 5th Dan

PARTICIPANT'S MEDICAL QUESTIONNAIRE:

To be completed by all adults and guardians of minors attending the JKA AF Summer Camp 2009.

Name _____ Date of Birth _____ Sex _____
Rank _____
Address _____ City _____ State _____
Zip _____
Organization _____ Country _____ 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 medications? If yes please specify _____

Other: _____

_____ Date

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

WAIVER/RELEASE AGREEMENT: Event: the JKA AF Summer Camp 2009. 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 JKA American Federation and its affiliates, All South Karate Federation, Tulane University, 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 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 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 _____

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 "JKA/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 2009 being held at Tulane University, New Orleans, Louisiana, May 28 – 31, 2009. 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 JKA/ASKF event or activity described above.

Emergency Care

In the event that my child needs emergency medical care, as determined by the JKA/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 JKA/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 JKA/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 2009, JKA/ASKF and Tulane University from any and all liabilities due to personal injury, bodily harm, or lost or stolen articles.

Signature of Parent/Legal Guardian

JAPAN KARATE ASSOCIATION AMERICAN FEDERATION

RECORD OF QUALIFICATION: INSTRUCTOR/EXAMINER/JUDGE

Please type or print clearly.

Name _____ Date of

Birth ____/____/____

Gender M / F Present Rank (dan) _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone () _____ Fax () _____ E-Mail _____

Dojo _____ Region _____

Judge Qualifications		Instructor Qualifications		Examiner	
Qualifications					
Date of Exam Number	Registration Number	Date of Exam	Registration Number	Date of Exam	Registration
D ____/____/____	_____	D ____/____/____	_____	D ____/____/____	_____
C ____/____/____	_____	C ____/____/____	_____	C ____/____/____	_____
B ____/____/____	_____	B ____/____/____	_____	B ____/____/____	_____
A ____/____/____	_____	A ____/____/____	_____	A ____/____/____	_____

I PROMISE THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AND I WILL CONTINUE TO UPHOLD THE STANDARDS FOR THE JAPAN KARATE ASSOCIATION.

Signature _____

Date _____

I plan to take the following examination(s):

Examination	1st Time?	Current Rank (if any)	Date of Last Exam
Dan	Y/N		
*Judge	Y/N		
*Instructor	Y/N		
*Examiner	Y/N		

**If you are planning to take the next level exam and already have qualification in any of these areas, you must present a current JKA passport at the check in.*

List previous JKA Dan registration numbers (if applicable):

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

***All Examinees must be members of the Japan Karate Association thru Affiliations officially recognized by the JAPAN KARATE ASSOCIATION.**

The Dan Registration Form must be signed by their Chief Instructor.

JKA AMERICAN FEDERATION
706-C Phosphor Avenue
Metairie, LA 70005
Phone 504-835-6835
Fax 504-832-6835
Email:maria@jakaaf.org
http:www.jkaaf.org

2009 JKA American Federation Training Camp Registration Form

Name: _____

Age: _____

Male/Female (Circle one) Address: _____

Phone#: _____, e-mail address: _____

Present Dan: ___ Dan

Participation Fees

(\$200 US for entire camp when registered by April 30th, 2009; \$225 US for entire camp when registered by May 15th, 2009; and \$250 US for entire camp when registered at the door.)

\$ _____

Qualifications Exams

Please Circle which exam(s)

JUDGE ___ Kyu / INSTRUCTOR ___ Kyu / EXAMINER ___ Kyu

\$ _____

Qualification Registration

\$ _____

Dan Exam

\$ _____

Dan Registration

\$ _____

Camp T-Shirt (indicate size _____) \$20.00

\$ _____

Dormitory (roommate preference _____)

\$ _____

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 (maria@jakaaf.org) before **May 20, 2009**.

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



Tulane University

UPTOWN CAMPUS

Why eat anywhere else?







With 15 on-campus dining venues plus 2 PJ's cafes, your dining options are expanded to include delicious sit-down meals, on-the-go snacks or coffee and pastries while studying with friends.

dining locations

* PJ's does not accept Greenback\$.

audubon park downtown

1 2 3 4 5 6

 <p>RICHARDSON MEMORIAL</p>	 <p>MAYER RESIDENCE HALL</p>	 <p>BRUFF COMMONS, 2nd FLOOR</p>	 <p>BRUFF COMMONS FRONT</p>	 <p>THE LAVIN-BERNICK CENTER</p>	 <p>REILY STUDENT RECREATION CENTER</p>
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6 7

REILY CENTER: # 6 -TRAINING LOCATION

Directions to Tulane University's Reily Rec Center

Coming from the West:

1. Take I-10E Exit to South Carrollton
2. Follow S. Carrollton towards St. Charles (but do NOT reach it!!)
3. Turn left on South Claiborne (this happens long before you would reach St. Charles; LEFT turn is actually forbidden, so you'll need to pass it, make a U-turn and then RIGHT on South Claiborne)
4. Turn right on Broadway (it's the first traffic light you'll meet on South Claiborne)
5. Turn left on Willow (1st traffic light on Broadway; see map)
6. Turn left on McAlister drive; you will see Reily Center down the road

Coming from the East:

- *Take I-10W Exit to South Claiborne
- *Keep going on S. Claiborne till you reach Broadway
- *Turn LEFT on Broadway, then LEFT on Willow [see 5, 6 above]

In addition to these instructions, for maps, directions, hotels etc. please visit

<http://tulane.edu/visitors/>

DORMITORY: White building next to # 2 facing the 5 trees, near Newcomb Boulevard

FOOD COURT: # 5 (complete details on selections to follow)

HOTELS

Park View Guest House - A New Orleans Bed and Breakfast

7004 St. Charles Avenue, New Orleans, LA 70118
504-861-7564 • Toll Free 1-888-533-0746
info@parkviewguesthouse.com

Avg. Room cost (per night): \$99.00

Avenue Plaza Resort

2111 St. Charles Avenue
New Orleans, LA 70130
Phone: 504-566-1212
Fax: 504-679-7627
Toll-free: 1-800-347-8182
Contact: [Donna Radford](#) at 386-323-4924

Visitor Rate: \$89-\$209

Medical Center Rate: \$89-\$209

Hampton Inn

3626 St. Charles Avenue New Orleans, LA 70115
Toll Free Reservations: 1-800-292-0653 | Local: (504) 899-9990

Avg. Room cost (per night): \$159.00

Maison St. Charles, Garden District Hotel

1319 St. Charles Avenue
New Orleans, LA 70130
Phone: 504-522-0187 or 800-831-1783
Fax: 504-620-5467
Contact: [Luisa Brens](#), Director of Sales

JAPAN KARATE ASSOCIATION AMERICAN FEDERATION

FIRST ANNUAL KARATE CAMP

May 28 – 31, 2009

TULANE UNIVERSITY, NEW ORLEANS, LOUISIANA

Schedule of Events

Thursday May 28, 2009

12:00 Noon **Check In**
6:00 – 8:00 p.m. **Training**

Friday 29, 2009

7:00 – 9:00 a.m. **Training**
10-11 a.m. **Judges clinic**
1:00 p.m. **Optional training**
3:00- 5:00 p.m. **Qualifications written exams (3)**
5:00 – 7:00 p.m. **Training**

Saturday May 30, 2009

7:00 – 9:00 a.m. **Training**
10:00 a.m. **Competition and judges practical exam**
4:00 – 6:00 p.m. **Training**
6:30 – 7:00 p.m. **Get together with Questions/Answers for**
the **Masters**

Sunday May 31, 2009

7:00 – 9:00 a.m. **Training**
10:00 a.m. **Dan, Instructors and Examiner's tests**