

Japan Karate Association American Federation  
**2023 SUMMER CAMP**

WITH SENSEI YASUNORI OGURA (8th DAN)

June 8-11, 2023

New Orleans, LA

**SPECIAL GUEST INSTRUCTOR**  
Sensei Yasunori Ogura - 8th Dan  
*Former All Japan Champion*  
*Vice Chief JKA Instructor*



**HOSTED BY**  
Sensei Takayuki Mikami - 9th Dan  
*JKA/AF Founder & Chief Instructor*



For information, call: 985-951-0577 Web: [www.jkaaf.com](http://www.jkaaf.com) Email: [jkaafUSA@gmail.com](mailto:jkaafUSA@gmail.com)



**JAPAN KARATE ASSOCIATION / AMERICAN FEDERATION, INC.**

706 C PHOSPHOR AVENUE, METAIRIE, LA 70005 USA – [JKAAFUSA@gmail.com](mailto:JKAAFUSA@gmail.com)

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Greetings,

We welcome you to our 2023 JKA American Federation Training Camp, which will be held in the greater New Orleans area from June 8-11.

Sensei Mikami, along with Sensei Ogura, will instruct classes along with Senior Instructors over the four-day camp, as well as oversee the Dan and License grading. Students will be able to test up to Godan Level and “C” and “D” Examiner, “C” and “D” Instructor, and “C” and “D” Judge.

All rank levels are welcome to participate in this camp.

We welcome karate-kas who are not affiliated with the JKA but would like to take this opportunity to come and join us in training to experience JKA karate at its best. Please contact us at [JKAAFUSA@gmail.com](mailto:JKAAFUSA@gmail.com) for more 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 when a group of people get together and train.

We also are planning to celebrate together after training, and updates regarding camp schedule and celebration venues will be posted on our Facebook event and our website.

We look forward to seeing you at our camp.

Sincerely,

Jerry Kattawar Jr.

JKA AF Vice Chairman

## General Information

### 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

### Eligibility

A minimum of three months of training is required. Dan and Qualification examinees must attend the full camp to test.

### Registration

Participants are encouraged to preregister with full payment to JKA/AF by May 31, 2023. Register online at [jkaaf.com/summercamp2023](http://jkaaf.com/summercamp2023). Mail paper registration forms and make US certified checks or money orders payable to JKA/AF. Paypal, online purchases, and credit card payments will incur a 4% service charge. Late registrations (received after May 31, 2023) will incur an additional fee of \$30.

### Information

For all questions, please contact us at [JKAAFUSA@gmail.com](mailto:JKAAFUSA@gmail.com).

### Accommodations

We have a limited number of rooms available for our group at the Country Inn & Suites by Radisson, 2713 N. Causeway Blvd., Metairie, LA 70002. [Click here to book at the group rate.](#)

### Dan and Qualifications Examinations

Registrants must contact Jerry Kattawar at [JKAAFUSA@gmail.com](mailto:JKAAFUSA@gmail.com) before applying for the Dan and Qualifications Examinations. Testing forms, which must be submitted by **May 31, 2023**, must be sent to [JKAAFUSA@gmail.com](mailto:JKAAFUSA@gmail.com). (We have to submit forms to JKA prior to testing.) Day-of Dan or qualification exam registrations are not permitted.

### Location

Greater New Orleans area; specific training locations will be posted on Facebook and the event website.

### Participation Fees

\$265 US for the entire camp when registered on or by May 31, 2023. \$295 for the entire camp when registered after May 31, 2023 or at the door. Discounts for JKAAF members, youth (under 13), collegiate, and individuals taking a Dan examination or Qualifying examination may apply. Separate fees apply for Dan and qualification exams.

## SEMINAR CONTENT

1. General instruction
2. Seminar for Judges
3. Dan examinations
  - Only camp participants are eligible for examinations
  - Examinees must submit: **copies of previous Dan Exam certificates by May 31, 2023 and JKA passport upon check-in at camp**
  - 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**, below

## DAN EXAMINATION FEES

Rank	Examination Fee	Registration Fee
1st Dan	\$80 US	\$ 145 US
2ndDan	\$100 US	\$ 185 US
3rd Dan	\$120 US	\$ 245 US
4th Dan	\$150 US	\$ 295 US
5th Dan	\$200 US	\$ 605 US

## DAN EXAMINATION TIME FRAME CHART TIME

Rank	Training Period
1st Dan	1 year minimum
2ndDan	Exceeding 1 year after 1st Dan
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

\*All JKA members testing for Dan Exams should present current passport upon registration

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

## QUALIFICATION EXAM FEES

Level	Examination Fee	Registration Fee
Instructor D and C Kyu	\$80 US	\$ 100 US
Examiner D and C Kyu	\$80 US	\$ 150 US
Judge D and C Kyu	\$70 US	\$ 100 US
All renewal fees		\$ 100 US

## Qualifications Examination Time Frames Chart per the Japan Karate Association guidelines

Level	Eligibility
Instructor D Kyu	2nd Dan or above, and 20 years' old or older
Instructor C Kyu	More than 3 months after receiving 3rd Dan Have a D Kyu level Instructor

Level	Eligibility
Judge D Kyu	2nd Dan or above, and 20 years' old or older Have a D Kyu level Instructor
Judge C Kyu	More than 3 months after receiving 3rd Dan Have a D Kyu level Judge, D Kyu level Instructor

Level	Eligibility
Examiner D Kyu	More than 3 months after receiving 3rd Dan Have a D Kyu level Instructor Have a D Kyu level Judge 25 years old or older
Examiner C Kyu	More than 3 months after receiving 4th Dan More than 1 year after acquiring D Kyu level Examiner Have a C Kyu level Instructor Have a C Kyu level Judge

## PARTICIPANT'S MEDICAL QUESTIONNAIRE:

To be completed by all adults and guardians of minors attending the JKAAF Summer Camp 2023.

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

\_\_\_\_\_ Have you tested positive for Covid-19 within the last fourteen days?

\_\_\_\_\_ 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 JKAAF Camp 2023. 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 June 8 - 11, 2023 subject me to personal injury or bodily harm and I assume any and all risks of that participation, including the risk of contracting communicable diseases such as Covid-19. 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, Jefferson Parish, any and all other facilities used for training, 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 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 "JKAAF/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 Camp 2023 being held at in the Greater New Orleans area, Louisiana, June 8-11, 2023, and any facilities or locations that may be used. 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 JKAAF/ASKF event or activity described above.

**Emergency Care**

In the event that my child needs emergency medical care, as determined by the JKAAF/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 JKAAF/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 JKAAF/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 Camp 2023, JKAAF/ASKF, and any other facilities or locations that may be used for training from any and all liabilities due to personal injury, bodily harm, or lost or stolen articles.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

## EXAMINER'S RECORD

Date    Year    Month    Day

<b>Name</b>		<b>Sex</b>	Male    Female	<b>Date of Examination</b>		
				Year	Month	Day
		<b>Age</b>		<b>Date of Birth</b>		
				Year	Month	Day
<b>Karate Organization</b>		<b>Membership Number</b>		<b>Height</b>	cm	<b>Weight</b>
						kg
<b>Present Address</b>				<b>Nationality</b>		
					Tel.	
<b>Last Academic School Attended</b>						
<b>Reference</b>	Name			Relationship		
	Address				Tel.	

### RANKING INFORMATION

<b>Rank Being Tested for</b>	
<b>Present Rank</b>	Kyu    Dan
<b>Date of Conferral</b>	Year    Month    Day
<b>Registration No.</b>	Dan    Kyu
<b>Number of Months and Years in Karate Training</b>	Years Months
<b>Present Qualifications</b>	
<b>Instructor</b>	Class
<b>Examiner</b>	Class
<b>Judge</b>	Class

### SCORING

	Basic	Kata	Kumite	Application of Techniques Research Others	Total Marks	Results
<b>A</b>						Chief Examiner Signature
<b>B</b>						PASS  FAIL  RE-EXAM  PENDING
<b>Remark</b>						
<b>Examination Fee</b>				<b>Registration Fee</b>		

<b>Rank Being Tested for</b>	<b>AUTHORIZATION TO TAKE EXAMINATION</b>				<b>Stamp</b>	<b>Examination Fee</b>	<b>Registration Fee</b>
	<b>Dan</b>	<b>Name</b>		<b>Karate Organization</b>	<b>No.</b>	<b>Date of Examination</b>	<b>Year    Month    Day</b>

Sign this slip and hand it in within THREE (3) months to receive "Dan" certificate or in case of failure, to receive refund of registration fee.

**JAPAN KARATE ASSOCIATION**



# Examinee's information card

(Fill in the items below completely)

Name				
Address	Country			
	State			
	Street			
	Phone			
Birth Date	year:	month:	date:	age:
Organization Name (that you belong)				
Registration Number	( <input type="checkbox"/> )Regular			
	( <input type="checkbox"/> )Permanent			
Rank of Dan	Dan	acquisition date : year    month    date		
		Registration number :		
Holding License (currently)	Instructor	Exainer	Judge	
Testing License	Instructor	Exainer	Judge	
	A	A	A	
	B	B	B	
	C	C	C	
	D	D	D	
(For the administration only)				
Judgement				
Authorize Number				
Exam Fee				
Registration Fee				
Note				

**JKA AMERICAN FEDERATION**  
706-C Phosphor Avenue  
Metairie, LA 70005  
Email: [JKAAFUSA@gmail.com](mailto:JKAAFUSA@gmail.com)  
[www.jkaaf.org](http://www.jkaaf.org)

**2023 JKA American Federation Training Camp Registration Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female (Circle one)

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Present Rank: \_\_\_ Dan/Kyu Are you a current JKAAF member? Yes / No (circle one)

**Camp Participation Fee (Goodwill Tournament included)** \$ \_\_\_\_\_  
\$265\* \*\* US for entire camp (regardless of the number of sessions)

**Collegiate Participation Fee (Goodwill Tournament included)** \$ \_\_\_\_\_  
\$245\* \*\* US for entire camp (regardless of the number of sessions)

**Children 12 and under \$200 (Goodwill Tournament included)** \$ \_\_\_\_\_

**Dan Exam fee (see chart)** \$ \_\_\_\_\_

**Dan Registration (see chart)** \$ \_\_\_\_\_

**Qualification Exams: Instructor – Examiner – Judge (circle)**  
(see chart) \$ \_\_\_\_\_

**Qualifications Registration: (see chart)** \$ \_\_\_\_\_

**Camp T- Shirt \$30** \$ \_\_\_\_\_ size \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

*Please fill in this form and return it to **JKA American Federation before May 31, 2023.***

**JKA AMERICAN FEDERATION**  
**706-C Phosphor Avenue**  
**Metairie, LA 70005**

*Forms received after May 31, 2023, add \$30 late fee.*

*Cash, Certified Check or Money Order is due upon check-in or mail ahead of time. **Paypal, online purchases, and credit card option is available with a 4% service charge.** Make payments to: **JKA American Federation.** Make sure you mail your payment with enough time to be received before the first day of camp.*

*\*Current JKAAF members – apply a \$15 discount on your camp fee above, or online with code JKAAFMEMBER2023. Not a current member? Register for your individual membership today at [jkaaf.com/store](http://jkaaf.com/store).*

*\*\* Testing? Apply a \$15 discount on your camp fee above or online with code TESTING2023.*

Alternatively, register online at: [jkaaf.com/summercamp2023](http://jkaaf.com/summercamp2023)