

Japan Karate Association American Federation
2024 SUMMER CAMP
June 6 - 9, 2024 - New Orleans, Louisiana



HOSTED BY

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

Training assistance provided
by instructors of the JKA/AF

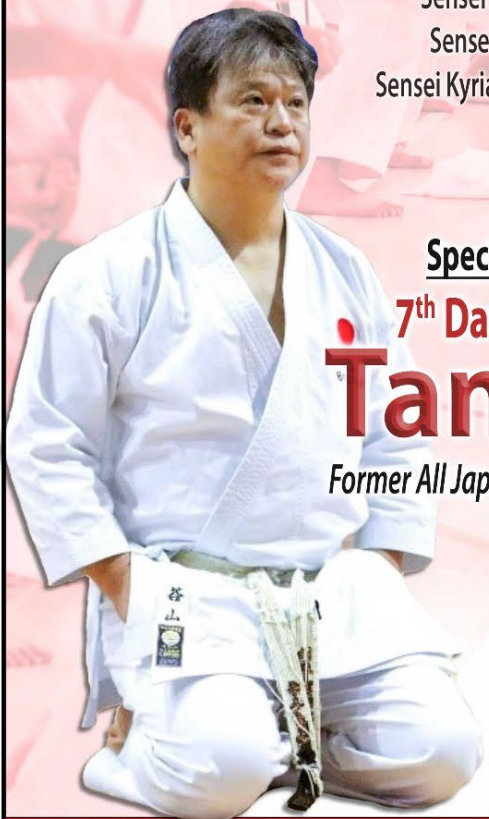
Sensei Jerry Kattawar - 7th Dan
Sensei Jose Ferrand - 7th Dan
Sensei Kyriakos Papadopoulos - 7th Dan

Special Guest Instructor

7th Dan - Sensei Takuya

Taniyama

Former All Japan Champion (Kata & Kumite)
JKA Instructor



For information, call: 985-951-0577 Web: www.jkaaf.com Email: jkaafusa@gmail.com



JAPAN KARATE ASSOCIATION / AMERICAN FEDERATION, INC.

706 C PHOSPHOR AVENUE, METAIRIE, LA 70005 USA – JKAAFUSA@gmail.com

Greetings,

We welcome you to our 2024 JKA American Federation Training Camp, which will be held in the greater New Orleans area from June 6-9.

Sensei Mikami, along with Sensei Taniyama, 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 “B”, “C” and “D” Examiner, “B”, “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. We also extend an opportunity for non-Shotokan students to come and learn traditional Shotokan karate at our camp. Please contact us at 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.

JKAA AF Vice Chairman

JAPAN KARATE ASSOCIATION AMERICAN FEDERATION
ANNUAL NATIONAL KARATE CAMP
June 6 – 9th, 2024

XAVIER UNIVERSITY CONVOCATION CENTER
7900 Stroelitz Street
New Orleans, LA, 70125
Schedule of Events

Thursday June 6, 2024

4:30 p.m.

5:30 – 7:30 p.m.

LKA, 706 C Phosphor Ave., Metairie LA 70005

Check In

Training

Friday June 7, 2024

7:30 a.m.

8:00 – 10:00 a.m.

10:15 Qualifications - Written
Exam

4:00 – 6:00 p.m.

Xavier University Convocation Center

Check In

Training

Training

Saturday June 8, 2024

8:00 - 10:00 a.m.

11:00 a.m. - 12:30 p.m.

1:00 - 3:00 p.m.

4:00 - 6:00 p.m.

7:30 p.m.

Xavier University Convocation Center

Training

Dan Testing, Instructor, Examiner, and
Judge's practical exams

Training YOUTH CLASS (17 and under)

Training

Group Dinner at TBD

Sunday June 9, 2024

8:00 - 10:00 a.m.

10:15

Xavier University Convocation Center

Training

Announcements & Testing Results
(Schedule subject to change)

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 register by May 19, 2024 for the cheapest price. Register online at jkaaf.com/summercamp. Mail paper registration forms and make US certified checks or money orders payable to JKA/AF. Paper registrations and mailed payments must be received by May 19, 2024, to receive the preregistration discount. Credit cards are accepted at camp; they will incur a 4% service charge.

Information

For all questions, please contact us at 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. [Must reserve rooms by May 22, 2024 using this link.](#)

Dan and Qualifications Examinations

Registrants must contact Jerry Kattawar at JKAAFUSA@gmail.com before applying for the Dan and Qualifications Examinations. Testing forms, which ***must*** be submitted by **May 26, 2024**, must be sent to JKAAFUSA@gmail.com. (We have to submit forms to JKA prior to testing.) Day-of Dan or qualification exam registrations are not permitted. Persons applying to take a Dan test must submit a copy of their previous Dan certificate (if applicable) and the form on page 9 of this packet. Persons applying to take a qualifications exam must submit the form on page 10.

Location

Thursday's class will be held at Louisiana Karate Association; Friday, Saturday and Sunday will be at Xavier University Convocation Center.

Participation Fees

\$290 US for the entire camp when registered on or by May 19, 2024. \$320 for the entire camp when registered after May 19, 2024 or at the door. *This year only, camp registration is free for all US Team Members.* JKA AF members- \$265 by May 19; \$295 after May 19. Discounted prices available for youth (under 13), and collegiate. 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 26, 2024 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	\$100 US	\$ 155 US
2ndDan	\$120 US	\$ 195 US
3rd Dan	\$140 US	\$ 255 US
4th Dan	\$170 US	\$ 305 US
5th Dan	\$220 US	\$ 615 US

DAN EXAMINATION TIME FRAME CHART

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, C, B Kyu	\$100 US	\$ 110 US
Examiner D, C, B Kyu	\$100 US	\$ 160 US
Judge D and C Kyu	\$90 US	\$ 110 US
All renewal fees		\$ 110 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
Instructor B Kyu	More than 3 months after receiving 4th Dan Have a C 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
Examiner B Kyu	More than 3 months after receiving 6th Dan More than 1 year after acquiring C Kyu level Examiner Have a B Kyu level Instructor Have a B Kyu level Judge

PARTICIPANT'S MEDICAL QUESTIONNAIRE AND WAIVER /RELEASE AGREEMENT

To be completed by all adults and guardians of minors attending the JKAAF Summer Camp 2024.

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 JKAAF Camp 2024. 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 6 - 9, 2024 may 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, Louisiana Karate Association, Xavier University, and 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 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 and agree that the Releasees 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 or notice to me for the use of my name, image, audio/sound or likeness for lawful use in publications (such as brochures, newsletters, websites, magazines or other electronic form of media). "Name, image, audio/sound or likeness" includes any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions.

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 PARENTAL CONSENT FORM:

First Aid

I hereby give permission for JKA American Federation (hereinafter "JKAAF") and/or Louisiana Karate Association (hereinafter "LKA) 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 2024 being held at Xavier University Convocation Center, New Orleans, Louisiana, June 6-9, 2024, and any other 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 event or activity described above.

Emergency Care

In the event that my child needs emergency medical care, as determined by the JKAAF or LKA 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 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 or LKA doctor/nurse, supervisory staff and/or administrators, and the hospital will make every attempt to reach me. I hereby release JKAAF, LKA, and any other entities, 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

N a m e		Sex	Male Female	Date of Examination		
				Year	Month	Day
		Age		Date of Birth		
				Year	Month	Day
Karate Organization	Membership Number		Height	cm	Weight	kg
P r e s e n t A d d r e s s				Nationality		
				Tel.		
Last Academic School Attended						
Reference	Name			Relationship		
	Address				Tel.	

RANKING INFORMATION

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

S C O R I N G

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

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

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
www.jkaaf.org

2024 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 \$ _____
\$290* US for entire camp (regardless of the number of sessions) when registered by May 19
\$320* US for entire camp (regardless of the number of sessions) registered after May 19

Collegiate Participation Fee \$ _____
\$100 US for entire camp (regardless of the number of sessions)

Children 12 and under \$250 \$ _____

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
Must register and pay by May 19, 2024 to guarantee size \$ _____ size _____

Banquet Ticket: \$40 \$ _____

TOTAL \$ _____

Please fill in this form and return it to **JKA American Federation before May 19, 2024.**

Cash, Certified Check or Money Order is due upon check-in or mail ahead of time. **Credit Card option is also 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.

*JKAAF members – apply a \$25 discount on your camp fee with code JKAAFMEMBER2024.

Please use the following mailing address for payment and registration:

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

Alternatively, register and pay online at: jkaaf.com/summercamp