



AUGUST 12 – 18, 2012
APPLICATION

Online registration is also available at www.kokushikai.com

Please print legibly and mail this completed form to:

Kokushikai Judo Camp, PO Box 802, New York, NY 10024 or e-mail to camp@kokushikai.com

Include credit card information or enclose a check/money order made payable to **KOKUSHIKAI, INC.**

Camper _____ M F
Last First Initial

Address _____
Street Apt #

City State Zip

Home Phone (____) _____ - _____ E-mail _____

Age _____ Birth Date ____/____/____ Judo Rank _____ JiuJitsu Rank _____

Height (feet/inches) _____ Weight (kilos) _____

Primary Judo or JiuJitsu Club _____ Instructor's Name _____

Emergency Contact Information

Name _____ Phone (____) _____ - _____ Relationship _____

Roommate Request. One request per camper. Names must appear on both camper's forms. _____

RELEASE & PAYMENT INFORMATION

Cabin Room Rate \$595 _____

Semi-Private Room Rate \$645 _____

Private Room Rate \$670 _____

Late Fee of \$50 if registered after July 25th, 2012 _____

One Way Bus Service \$25 / Please Select Date: ☐ 8/12 or ☐ 8/18 _____

Round Trip Bus Service \$45 _____

Apply Eligible/Approved Discounts (_____) _____

Total _____

☐ I am paying in full today

☐ I am making a \$100 deposit and am responsible for the balance of \$ _____ by August 5, 2012

Payment Method:

Check/money order in the amount of \$ _____ enclosed. Credit Card, circle type MC Visa

Credit Card # _____ Verification Code _____ Exp Date ____/____/____

Print Name on Credit Card _____ Amount Charged \$ _____

Standard Release and Waiver of Liability:

I give permission for the above-named camper to attend camp. A deposit of \$100 is REQUIRED with application. Full payment of balance is due by August 5, 2012. There will be absolutely no refunds after August 5, 2012. No refunds will be given if a camper is dismissed for disciplinary reasons. In consideration of the good will, public service and community aid provided by Kokushikai, Inc, I grant permission to take and publish photographs, videotapes and recordings of the camper registered above. I acknowledge that Kokushikai, Inc. will be the sole owner of all rights arising of their use for all purposes and that I shall receive no compensation for their use. I hereby submit my application for participation in Kokushikai Judo Camp. In consideration of acceptance of my said application, I do hereby waive, release and forever discharge on behalf of myself, my heirs, my executors, my administrators, and my assigns any and all claims, rights or causes of action whatsoever for any damages or injuries whatsoever which I may now have or which might arise hereafter against any person or entity in any way connected with Kokushikai Judo Camp or Camp Wayne for Boys, which shall include but not be limited to: Kokushikai, Inc and any instructors, assistants and fellow student practitioners associated therewith as a result of my participation in Kokushikai Judo Camp. I hereby state that I have read this "Waiver of Liability" in its entirety and that I fully understand the meaning thereof. Furthermore, I understand that I will not be allowed to participate at Kokushikai Judo Camp unless I have signed and executed this "Waiver of Liability".

Signature (Parent or guardian must sign for campers under 18 years of age) _____ Date ____/____/____

Free T-shirt if registered by

July 25, 2012

☐ Youth S

☐ Youth M

☐ Youth L

☐ Adult S

☐ Adult M

☐ Adult L

☐ Adult XL

☐ Adult XXL

Please list Top 3 Competition Results:

(This information helps us place the participant in the correct training group)

Please include my contribution to the Kokushikai Judo Camp Scholarship Fund.

Amount \$ _____

Initials: _____

(Thank-you! Your contribution helps our efforts to reach and develop as many judo players as possible in the pursuit of excellence year after year. Your donations are greatly appreciated. Please note that donations are NOT tax-deductible.)