BUDOSHIN

13th ANNUAL SUMMER TRAINING CAMP

Open to All Martial Arts*

[*must know ukemi skills and be sankyu or higher belt grade]

August 12-14, 2016

North Oaks Park, Santa Clarita, CA [30 miles north of Los Angeles]

This is your opportunity to personally train with top black belts from Budoshin Ju-Jitsu and other martial arts to improve your knowledge of street-effective self-defense skills. This training camp is sponsored by the Budoshin Ju-Jitsu Dojo and the American Ju-Jitsu Association.

Camp Schedule: August 12-14: [as of 6/1/16 - *topics & instructors subject to change*.]

Day	Time	Seminar Topic
Friday	9-10:25am	Sem A: Byron Davis - 3rd dan: Protecting Your Space
	10:35-12pm	Sem B: Thomas Salander – 6th dan: Hard/Soft Defenses
	12-1pm	Lunch [on your own]
	1-2:30pm	Sem C: Kris Kademian: Knife & Gun Defenses
	2:40-4pm	Sem D: George Cushinan – 7th dan: Control & Escort Techniques
	evening	Vincenzo's [pizza] or other similar venue
Saturday	9-10:25am	Sem E: Harold Zeidman – 7th dan: Basic Concepts of Midori Ryu Jujitsu
	10:35-12pm	Sem F: David Dye – 10th dan: Aikijutsu Relationship to Hawaiian Lua
	12-1pm	Lunch [on your own]
	1-2:30pm	Sem G: David Boesel – 5th dan: Koryu Aikido Knife Defense Techniques
	2:40-4pm	Sem H: George Kirby – 10th dan: Techniques in Tight Spaces
	evening	on your own or something might get planned
Sunday	9-10:10:15am	Sem I: Dave Clark – 2nd dan: Multiple Technique Flow
	10:15- 12:15pm	Sem J: Tony Damigo – 5th dan: Covering Out – Disengaging from Attacker
	2-4pm	Lunch at a local restaurant

Seminar Location:

North Oaks Park Community Room, 27824 N. Camp Plenty Rd. Canyon Country, CA 91351. Although most GPS apps can give you good general directions, it will not direct you to the park entrance which is on Nadal Rd., in between Camp Plenty Rd. and Canyon High School. There's an accurate map in the complete registration packet at www.budoshin.com/2016SummerCampPacket.pdf .

Things your family can do in Santa Clarita while you're at "camp":

Within 5-20 minute drive: Six Flags Magic Mountain & Hurricane Harbor, great golf courses, Valencia Town Center Mall, Mountasia [arcade games, rides, roller skating], Ice Station [ice skating].

Within 30-75 minute drive: major studio tours, Universal Studios, Knott's Berry Farm, Disneyland, Pacific Ocean [Ventura/Oxnard], Ojai, lakes & fishing

FOR A COMPLETE REGISTRATION PACKET GO TO

www.budoshin.com/2016SummerCampPacket.pdf

Registration Info

Register in one of the three ways below:

1] To preregister with PayPal just scroll down this page a bit, pay your registration fee[s]. Then click on www.budoshin.com/2016SummerCampPacket.pdf , print and fill out the bring the 'JU-JITSU PARTICIPANT AGREEMENT" [1 side] with you to camp. If the participant is a minor [under 18] the "AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR" [next page] *MUST* also be filled out & signed by a parent or legal guardian -- *even if the parent or legal guardian is attending the camp*.

2] To preregister with a check, complete the above [#1] and mail your check for full amount made out to "Budoshin Ju-jitsu Dojo, Inc.", & your reregistration materials to P.O. Box 801854, Santa Clarita, CA 91380-1854. *Checks MUST BE RECEIVED BY 9AM ON August 8, 2016!*

3] To register after 8/8/15 use PayPal or register at the door [call or e-mail if space available – space usually is]. NO CHECKS ACCEPTED AT THE DOOR!! All registration materials are available at the door. Minors [under 18] MUST bring the already completed and signed forms with them OR a bring parent or legal guardian with them to fill out and sign both the "Ju-Jitsu Participant Agreement" AND the "Authorization to Consent to Treatment of Minor" forms -- *even if the parent or legal guardian is attending the camp*. NO EXCEPTIONS!

ALL MAILED REGISTRATION MATERIALS *MUST BE RECEIVED* BY 9AM, AUG. 8

ABSOLUTELY NO REFUNDS AFTER AUGUST 1, 2016!!

Registration Fees:

Days & Times:	Pre-registration fees for BJJY, BJJD, or AJA members ***received by 9am on 8/8/16***	Pre-registration fees for non-BJJY, non-BJJD, or non-AJA members ***received by 9am on 8/8/16***	Registration fees **received after 9am on 8/8/16** or at the door from anyone
Fri, Sat, & Sun training [all 3 days] + Friday pizza & Sunday lunch [includes 9% CA sales tax & 15+% tip on meals] *[You pay for alcoholic beverages]*	$180	$190 [. . . or pay $210 & get your 1-year BJJY membership too]	$205
Fri & Sat Training [2 days] + Friday pizza [includes 9% CA sales tax & 15+% tip on Friday dinner] *[You pay for alcoholic beverages]*	$120	$125	$135
Fri, Sat, & Sun [All 3 days] Training ONLY	$125	$135	$145
Fri & Sat [both days] Training ONLY	$90	$100	$110
Sunday ONLY	$30	$35	$40
Fri OR Sat Training ONLY [Sorry – no half days!!!]	$50	$55	$60
Friday Eve Pizza dinner [incl. tax+tip] [You pay for alcoholic beverages]	$25*	$25*	$30*
Sunday lunch [incl. tax+tip] [You pay for alcoholic beverages]	$35*	$35*	$40*

Where to stay in Santa Clarita:

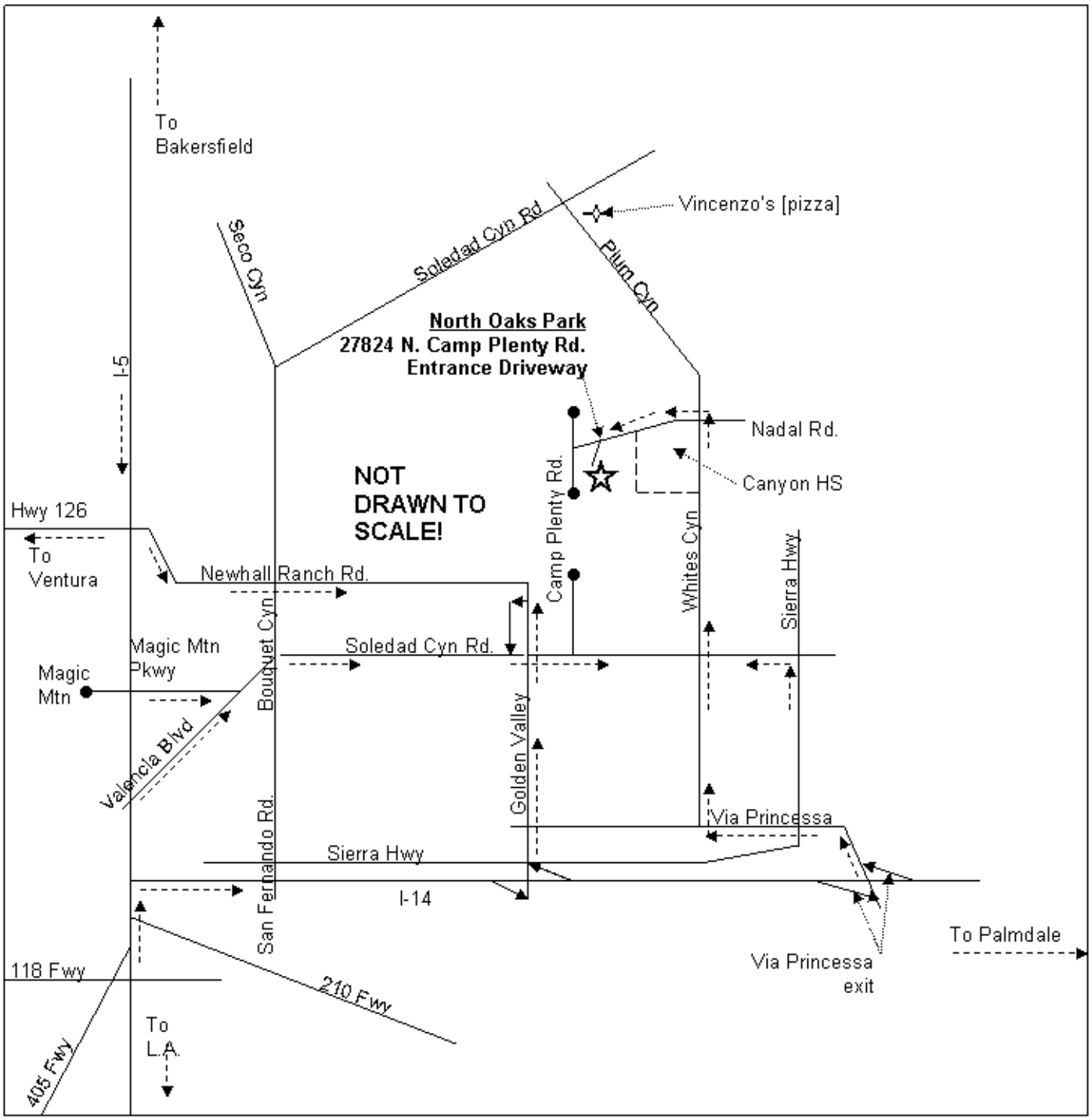
Some of the places listed below are very nice & others are very "inexpensive". Also, check out www.priceline.com, www.travelocity.com, & www.expedia.com [plus other travel sites] for additional places to stay, prices & booking information.

Best Western Valencia 800 528-1234 661 255-0555 Comfort Suites 800 228-5150 661 254-7700
Extended Stay America 800 398-7829 661 255-1044 Fairfield Inn by Marriott 661 290-2828
Hampton Inn 661 253-2400 Hilton Garden Inn 800 445-8667 661 254-8800 [closest to Magic Mountain]
Holiday Inn Express 661 284-2101 Hyatt Valencia [best location] 800 233-1234 661 799-1234
Marriott Residence Inn 800 331-3131 661 290-2800 **Super 8 Motel 661 252-1722
**Travelodge 661 252-1716
**Closest to North Oaks Park but furthest from anything else in Santa Clarita [both on Sierra Hwy]

If you're flying into southern California, Burbank [Bob Hope] Airport is a lot closer and saner than LAX.

For up to date information, registration materials & maps go online to www.budoshin.com/2016SummerCampPacket.pdf

Map to Budoshin Ju-Jitsu Dojo, Santa Clarita:



BRING THE PARTICIPANT RELEASE [PAGES 3&4] WITH YOU TO TRAINING CAMP COMPLETELY FILLED OUT AND SIGNED.

IF YOU ARE UNDER 18 YOU *MUST* ALSO BRING THE 'AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR" FORM [BELOW] FILLED OUT [or bring a parent or legal guardian if you plan to fill out the registration form at the door].

JU-JITSU PARTICIPANT AGREEMENT
BUDOSHIN TRAINING CAMP, AUGUST 12, 13, 14, 2016

SPONSORING AGENCY[IES]: AMERICAN JU-JITSU ASSOCIATION
BUDOSHIN JU-JTISU DOJO, INC

PARTICIPANT'S NAME_____ DATE OF BIRTH_____ SEX_____

YOUR ADDRESS [STREET)_____CITY, STATE _____ZIP_____

HOME PHONE_____ WORK PHONE_____ KYU/DAN GRADE_____

E-MAIL ADDRESS_____

I, THE ABOVE NAMED PARTICIPANT, BY SIGNING THIS DOCUMENT HEREBY DECLARE THAT I FULLY REALIZE AND CLEARLY UNDERSTAND THE INHERENT DANGERS INVOLVED IN ENGAGING IN THE PRACTICE OF JU-JITSU AND RELATED ACTIVITIES. I FULLY REALIZE AND CLEARLY UNDERSTAND THAT I AM PLACING MYSELF IN DANGER OF POSSIBLE BODILY INJURY. IT IS WITH FULL REALIZATION AND CLEAR UNDERSTANDING OF THE AFOREMENTIONED DANGERS THAT I AGREE TO BECOME A PARTICIPANT IN THIS ACTIVITY AND HEREBY AGREE TO THE FOLLOWING TERMS AS A CONDITION FOR PARTICIPATION IN THESE CLASSES:

- THAT DURING AND AT ALL TIMES THAT I AM A PARTICIPANT IN THIS ACTIVITY AND ANY RELATED ACTIVITY, SUCH AS TOURNAMENTS, WORKSHOPS, AND DEMONSTRATIONS, I SHALL BE LIABLE FOR ANY AND ALL INJURIES I SUSTAIN OR INCUR DURING AND RELATED TO THE COURSE OF INSTRUCTION, EXERCISES, PRACTICE, AND RELATED ACTIVITIES AND WILL NOT HOLD THE SPONSOR[S], ITS GOVERNING BODY[IES], OFFICIALS, EMPLOYEES AND MEMBERS, EITHER INDIVIDUALLY OR OTHERWISE, LIABLE FOR ANY SUCH INJURIES OR ANY LOSS OR DAMAGES ARISING THEREFROM. I ALSO REALIZE THAT I AM RESPONSIBLE FOR PROVIDING MY OWN MEDICAL INSURANCE OR MEDICAL COVERAGE TO COVER ANY AND ALL MEDICAL EXPENSES I MIGHT INCUR IN PARTICIPATING IN THIS ACTIVITY. I FURTHER REALIZE THAT EVEN WITH A COMBINATION OF INSURANCE POLICIES THERE MAY BE ADDITIONAL MEDICAL EXPENSES NOT COVERED BY INSURANCE, AND I MUST ASSUME ANY AND ALL FINANCIAL RESPONSIBILITY BEYOND WHAT ANY INSURANCE POLICY/IES MAY PROVIDE.
- THAT I, INTENDING TO BE LEGALLY BOUND, HEREBY FOR MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATORS, RELEASE, DISCHARGE WAIVE AND RELINQUIISH ANY AND ALL RIGHT TO DAMAGES, CLAIMS OR ACTIONS I HAVE AGAINST THE SPONSOR[S], ITS GOVERNING BODY[IES], OFFICIALS, EMPLOYEES AND MEMBERS, EITHER INDIVIDUALLY OR OTHERWISE, FOR INJURIES OR RIGHTS TO LOSSES OR DAMAGES SUFFERED BY ME, DIRECTLY OR INDIRECTLY, INCLUDING ANY FUTURE PSYCHOLOGICAL AND/OR PHYSICAL INJURY, PAIN AND SUFFERING, PROPERTY DAMAGE ANDIOR WRONGFUL DEATH CLAIMS, INCLUDING BUT NOT LIMITED TO ATTENDING, PARTICIPATING IN, PRACTICING FOR, TRAVELING TO OR FROM SUCH ACTIVITY OR ANY RELATED ACTITIVIES, OR THOSE CLAIMS OR ACTIONS ARISING OUT OF ANY NEGLIGENCE ON THE PART OF THE SPONSORING AGENCY[IES], THE OWNERS, ORGANIZATIONS, GOVERNING BODY[IES], EMPLOYEES, MEMBERS OR INSTRUCTOR(S), EITHER INDIVIDUALLY OR OTHERWISE, OF THE GYMNASIUM, DOJO, SCHOOL, OR PLACE WHERE THESE OR RELATED ACTIVITIES ARE HELD.
- THAT I ALSO AGREE TO DEFEND, INDEMNIFY, AND HOLD THE SPONSOR[S], ITS GOVERNING BODY[IES] OR EMPLOYEES, OR THE INSTRUCTORS OF THE PROGRAM, EITHER INDIVIDUALLY OR OTHERWISE, HARMLESS FROM ANY CLAIMS AND ACTION BY THIRD PARTIES ALLEGING INJURY FROM MY USE OF THE TECHNIQUES AND SKILLS LEARNED DURING AND RELATED TO THE COURSE OF INSTRUCTION, EXERCISES, PRACTICE, AND RELATED ACTIVITIES.
- THAT I HAVE CONSULTED WITH MY A PHYSICIAN AND THAT I AM IN PROPER HEALTH AND PHYSICAL CONDITION TO PARTICIPATE IN THE ACTIVITIES STATED ABOVE. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, I HAVE NO PREEXISTING PHYSICAL CONDITION THAT MAY RESULT IN A DANGER TO MYSELF, OR OTHERS, THROUGH THE PARTICIPATION IN A PHYSICALLY INTENSE PROGRAM, OR PHYSICAL CONTACT WITH OTHERS.
- THAT I HEREBY AUTHORIZE ANY PHYSICIAN, MEDICAL PRACTITIONER, HOSPITAL, CLINIC OR OTHER MEDICAL OR MEDICALLY RELATED FACILITY, OR ANY OTHER INSURANCE COMPANY TO DISCLOSE OR RELEASE ANY INFORMATION IN ITS POSSESSION ABOUT THE MEDICAL HISTORY, MENTAL OR PHYSICAL CONDITION OR TREATMENTS OF THE ABOVE NAMED PARTICIPANT AND/OR THE ABOVE NAMED PARTICIPANT'S FAMILY TO THE AMERICAN JU-JITSU ASSOCIATION, THE SPONSORING AGENCY, ITS AUTHORIZED EMPLOYEES OR REPRESENTATIVES, OR ITS AGENTS.
- THAT I FURTHER AGREE TO FOLLOW ALL RULES AND INSTRUCTIONS**,** BOTH WRITTEN AND VERBAL, AS STATED IN THE STUDENT HANDBOOK AND/OR BY THE OFFICIALS ANDIOR AUTHORIZED INSTRUCTORS.
- THAT I WAIVE ANY AND ALL RIGHTS TO COMPENSATION, IN ANY FORM, FOR STILL PICTURES OR VIDEO RECORDINGS TAKEN OF ME IN THE ABOVE ACTIVITY AND GRANT PERMISSION FOR THEM TO BE USED FOR ANY PUBLICITY OR PUBLICATION PURPOSES.
- THAT IF ANY PROVISION IS FOUND TO BE UNENFORCEABLE OR INVALID, THAT PORTION SHALL BE SEVERED FROM THIS CONTRACT. THE REMAINDER OF THE CONTRACT WILL THEN BE CONSTRUED AS THOUGH THE UNENFORCEABLE PROVISION HAD NEVER BEEN CONTAINED IN THIS CONTRACT.
- I FURTHER AGREE THAT THE EXECUTION OF THIS AGREEMENT IS CONSIDERATION, IN PART, FOR BEING ABLE TO PARTICIPATE IN THIS ACTIVITY AND I UNDERSTAND THAT MY FAILURE TO EXECUTE THIS AGREEMENT IN FULL WOULD RESULT IN MY NOT BEING ABLE TO PARTICIPATE IN THE ABOVE STATED ACTIVITY, EXERCISES, PRACTICE, AND RELATED ACTIVITIES CONDUCTED BY THE OFFICIALS AND/OR INSTRUCTORS OF THIS PROGRAM THROUGH THE SPONSORING AGENCY[IES]. I ALSO UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A COPY OF THIS PARTICIPANT AGREEMENT UPON MY REQUEST.

THIS AGREEMENT IS TO REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND SUCH WRITTEN REVOCATION IS DELIVERED TO THE SPONSORING AGENCY, OR ITS AUTHORIZED REPRESENTATIVE.

_____/_____ _____/_____
PARTICIPANT'S SIGNATURE DATE PARENT'S OR LEGAL GUARIDAN'S SIGNATURE DATE

MEDICAL EMERGENCY INFORMATION:

EMERGENCY CONTACT NAME_____ EMERGENCY CONTACT PHONE #_____

PRIMARY MEDICAL COVERAGE_____SECONDARY MEDICAL COVERAGE: AMERICAN JU-JITSU ASSOCIATION

ALLERGY TO MEDICATION OR SPECIAL NOTES_____

IMPORTANT -> IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN ABOVE AND ON OTHER SIDE

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

NAME OF MINOR:_____

I, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED MINOR [& DESIGNATED ON THE PARTICIPANT RELEASE ON THE REVERSE SIDE OF THIS DOCUMENT], DO HEREBY AUTHORIZE THE AMERICAN JU-JITSU ASSOCIATION, THE SPONSORING AGENCY, THEIR OFFICIALS, OR THEIR DESIGNATED REPRESENTATIVE [AS DESIGNATED ON THE REVERSE SIDE OF THIS DOCUMENT] AS AGENT FOR THE UNDERSIGNED TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE WHICH IS DEEMED ADVISABLE BY, AND IS RENDERED UNDER THE GENERAL OR SPECIAL SUPERVISION OF ANY PHYSICIAN AND SURGEON LICENSED UNDER THE PROVISIONS OF THE MEDICINE PRACTICE ACT ON THE MEDICAL STAFF OF A LICENSED HOSPITAL, WHETHER SUCH DIAGNOSIS OR TREATMENT IS RENDERED AT THE OFFICE OF SAID PHYSICIAN OR AT SAID HOSPITAL.

IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT, OR HOSPITAL CARE REQUIRED, BUT IS GIVEN TO PROVIDE AUTHORITY AND POWER ON THE PART OF THE AFORESAID AGENT TO GIVE SPECIFIC CONSENT TO ANY AND ALL SUCH DIAGNOSIS, TREATMENT OR HOSPITAL CARE WHICH THE AFOREMENTIONED PHYSICIAN IN THE EXERCISE OF HIS BEST JUDGEMENT MAY DEEM ADVISABLE.

I REALIZE THAT EVEN WITH A COMBINATION OF INSURANCE POLICIES THERE MAY BE ADDITIONAL MEDICAL EXPENSES NOT COVERED BY INSURANCE AND AS THE PARTICIPANT'S PARENT OR GUARDIAN, I MUST ASSUME ANY AND ALL FINANCIAL RESPONSIBILITY BEYOND WHAT ANY INSURANCE POLICIES MAY PROVIDE. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE MEDICAL EMERGENCY INFORMATION ON THE OTHER SIDE OF THIS FORM FOR THE PARTICIPANT IS TRUE AND COMPLETE.

THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISIONS OF SECTION 69.10 OF THE FAMILY CODE OF THE STATE OF CALIFORNIA. THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING AND SUCH WRITTEN REVOCATION IS DELIVERED TO SAID AGENT THE SPONSORING AGENCY, OR ITS AUTHORIZED REPRESENTATIVE.

_____/_____ /_____

SIGNATURE OF PARENT OR LEGAL GUARDIAN | DATE | WITNESS SIGNATURE | PRINT NAME

PLEASE FILL OUT A SEPARATE REGISTRATION PARTICIPANT RELEASE FORM [ABOVE] FOR EACH PARTICIPANT!!

USE THE FEE FORM [BELOW] FOR EACH PARTICIPANT IF YOU ARE REGISTERING WITH CHECK, CASH OR MONEY ORDER:

LIST EACH ITEM THAT YOU WANT – BE SPECIFIC & INCLUDE DATE[S]:	**AMOUNT:**
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL DUE:	_____

Register in one of the three ways below:

1] **To preregister with PayPal go to** www.budoshin.com/seminars.htm , **register online through PayPal, & bring the Participant Release & the Registration Fee form [pp. 3 &4 of this packet] with you to camp**

2] **To preregister with a check** mail your check for full amount made out to "Budoshin Ju-jitsu Dojo, Inc.", & your reregistration materials to P.O. Box 801854, Santa Clarita, CA 91380-1854. *Checks MUST BE RECEIVED BY 9AM ON August 8, 2016!*

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