

# BUDOSHIN



**51<sup>st</sup> ANNIVERSARY**

## 14th ANNUAL SUMMER TRAINING CAMP

**Open to All Martial Arts\***

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

**August 17-19, 2018 at North Oaks Park, Santa Clarita, CA**

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 17-19, 2018: [as of 4/3/18 - topics & instructors subject to change.]

<u>Day</u>	<u>Time</u>	<u>Seminar Topic</u>
Friday	9-10:25am	Seminar A: <b>George Kirby</b> 10 <sup>th</sup> dan Budoshin Ju-Jitsu – Step 1: Distraction Techniques
	10:35-12pm	Seminar B:
	12-1pm	Lunch [on your own]
	1-2:30pm	Seminar C: <b>George Kirby</b> 10 <sup>th</sup> dan – Counters & Counters
	2:40-4pm	Seminar D: <b>Harold Zeidman</b> – 8 <sup>th</sup> dan Midori Ryu Jujitsu – Kenjitsu
Saturday	evening	Vincenzo's [pizza] or other similar venue
	9-10:25am	Seminar E: <b>Steve Singleton</b> – 1 <sup>st</sup> Level Instr [WAR] – WAR Self-Defense Techniques
	10:35-12pm	Seminar F: <b>Michael Langewisch</b> – 3 <sup>rd</sup> dan Budoshin Jujitsu – Introduction to Tekko [no pix or video allowed]
	12-1pm	Lunch [on your own]
	1-2:30pm	Seminar G: <b>George Kirby</b> 10 <sup>th</sup> dan – C-Grip & Related Techniques
	2:40-4pm	Seminar H: <b>Marc Tucker</b> 7 <sup>th</sup> dan Budoshin Jujitsu– Block & Punch Techniques [Counterpunch]
Sunday	evening	on your own or something might get planned
	9-10:10:15am	Seminar I: <b>George Kirby</b> 10 <sup>th</sup> dan –KIAI: <u>K</u> inetic <u>I</u> nput <u>A</u> ttack[er] <u>I</u> ntensity[Intimidation]
	10:15- 12:15pm	Seminar J: <b>Harold Zeidman</b> – 8 <sup>th</sup> dan – Really Close Encounters
	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.



# 51<sup>ST</sup> ANNIVERSARY

## 2018 SUMMER CAMP REGISTRATION FEES:

Pre-registration fees for BJJY, BJJJ, or AJA members received by 9am on 8/1/18

Pre-registration fees for non-BJJY, non-BJJJ, or non-AJA members received by 9am on 8/1/18

ALL registration fees received after 9am on 8/1/18 or at the door from anyone\*

Fri, Sat, & Sun [3 days training] PLUS Friday pizza <u>AND</u> Sunday lunch <i>[You pay for alcoholic beverages]</i>	\$165	\$170 ... or pay \$195 & get 16 months of BJJY membership too!**	\$185
Fri & Sat [2 days training] PLUS Friday pizza <i>[You pay for alcoholic beverages]</i>	\$120	\$130	\$135
Fri, Sat, & Sun [All 3 days] <u>3 days Training ONLY</u>	115	\$125	\$135
Sat & Sun [both days] plus Sunday lunch <i>[You pay for alcoholic beverages]</i>	\$100	\$105	\$110
Sat & Sun [both days] <u>2 days Training ONLY</u>	\$70	\$75	\$80
Fri & Sat [both days] <u>2 days Training ONLY</u>	\$95	\$105	\$110
<u>Sunday Training ONLY</u>	\$25	\$25	\$30
Fri OR Sat <u>1 day Training ONLY</u> <i>[Sorry – no half days!!!]</i>	\$50	\$55	\$60
Friday Eve Pizza dinner*** <i>[incl. tax+tip] [You pay for alcoholic beverages]</i>	\$22	\$22	\$25
Sunday lunch*** <i>[incl. tax+tip] [You pay for alcoholic beverages]</i>	\$32	\$32	\$35

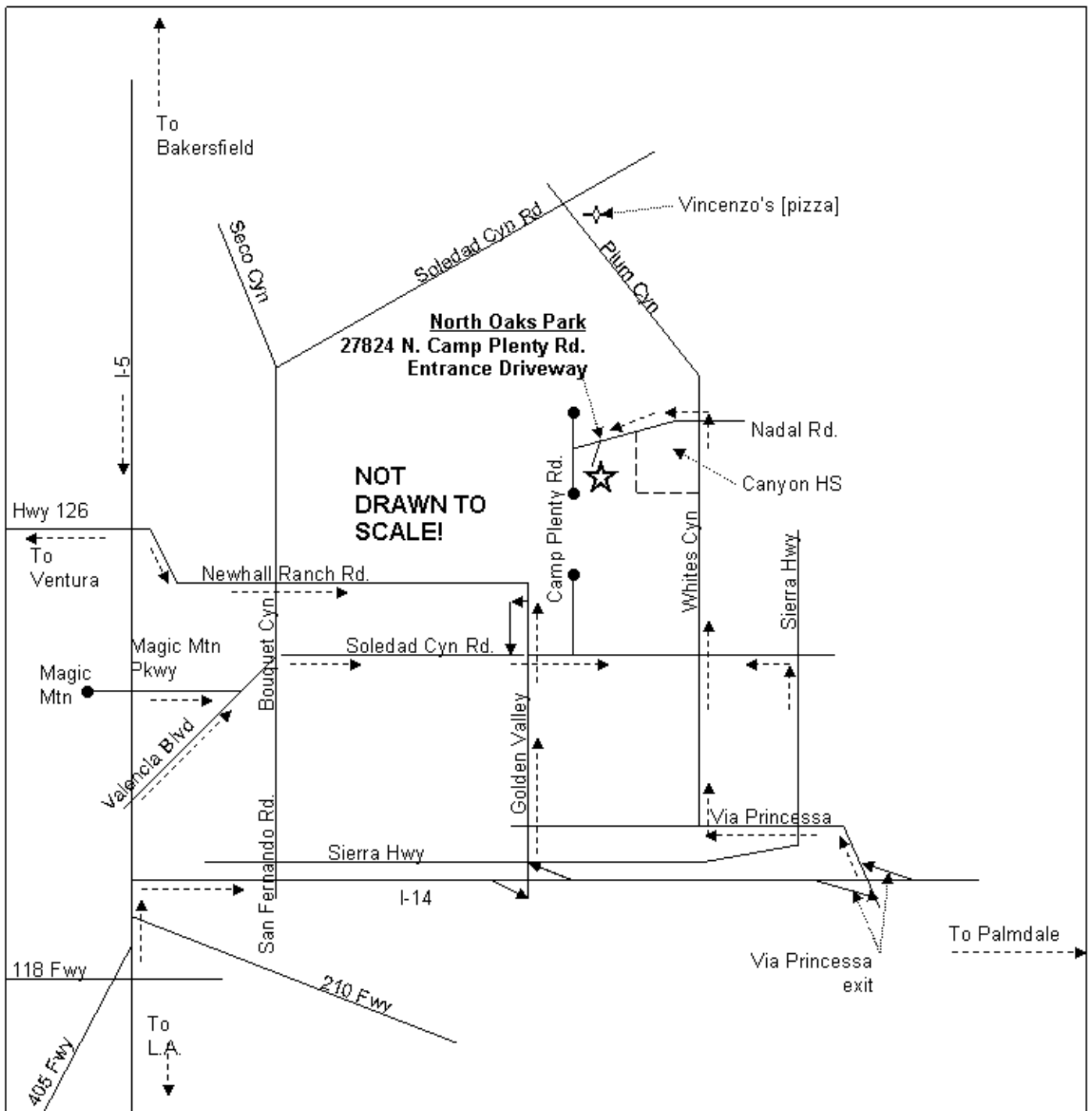
\***Cash ONLY** accepted at the door. No credit cards or checks accepted at the door.

\*\*BJJY membership valid through December, 2019.

\*\*\*You can pay for either meal on your own if you wish.



Map to Budoshin Ju-Jitsu Dojo, Santa Clarita:



**BRING THE PARTICIPANT RELEASE [PAGES 5 & 6 BELOW] 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].**

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 RELINQUISH 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 AND/OR WRONGFUL DEATH CLAIMS, INCLUDING BUT NOT LIMITED TO ATTENDING, PARTICIPATING IN, PRACTICING FOR, TRAVELING TO OR FROM SUCH ACTIVITY OR ANY RELATED ACTIVITIES, 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 AND/OR 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:	AMOUNT:
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL DUE:</b>	_____

**ALL MAILED REGISTRATION MATERIALS MUST BE RECEIVED BY 9AM, AUG.1**

**ABSOLUTELY NO REFUNDS AFTER AUGUST 1, 2018!!**