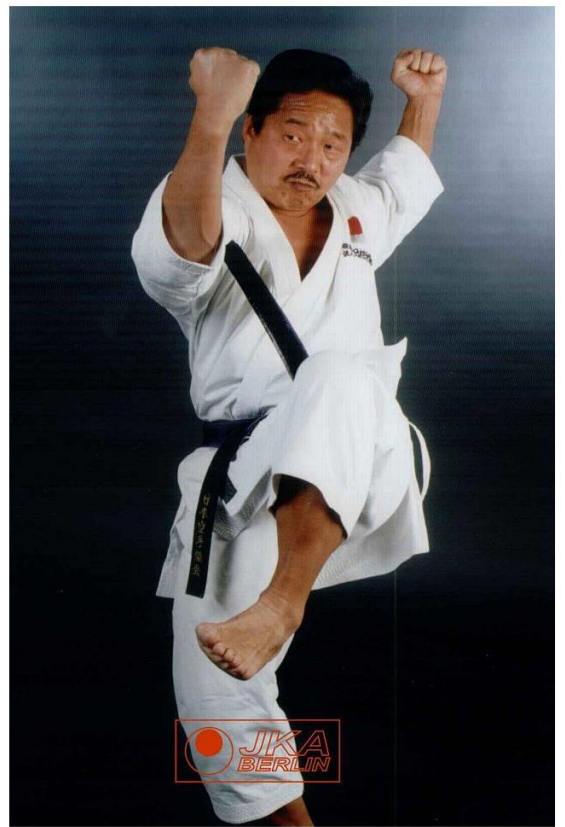


2018

**JKA/AF National  
Training Camp**



# TRAINING CAMP



公益社団法人  
日本空手協会

**JAPAN KARATE ASSOCIATION AMERICAN FEDERATION**

**706-C Phosphor Avenue**

**Metairie, LA 70005**

**Phone 504-835-6825 Fax 504-835-6825**

**Email: michaelhrabec@bellsouth.net**

**www.jkaaf.org**

**2018 JKA AMERICAN  
FEDERATION  
NATIONAL CAMP**



**June 7 – 10, 2018**

**Metairie, Louisiana, USA**

**REGISTRATION PACKAGE**



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

706 C PHOSPHOR AVENUE, METAIRIE, LA 70005 USA - Phone / Fax (504) 835-6825

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Greetings,

We welcome you to our 2018 JKA American Federation Training Camp, which will be held in New Orleans, Louisiana, from June 7 – 10, 2018.

Master Imura and I will instruct six classes over the four-day camp, as well as oversee the Dan grading.

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 [michaelhrabec@bellsouth.net](mailto:michaelhrabec@bellsouth.net) 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 like fire when a group of people get together and train.

I am looking forward to seeing you at our camp.

Sincerely,

T. Mikami  
Chairman and Chief Instructor  
JKA American Federation

## **General Information**

### **Registration**

Participants are encouraged to register with full payment to JKA/AF no later than **May 31st**. Mail registration forms and make US certified checks or money orders payable to JKA/AF by May 31, 2018.

### **Information**

E-mail for Camp contact [michaelhrabec@bellsouth.net](mailto:michaelhrabec@bellsouth.net)

### **Accommodations**

\*\*A list of hotels will be provided for those choosing to stay outside the campus.

### **Dan and Qualifications Examinations**

Registrants must contact Maria Hrabec [michaelhrabec@bellsouth.net](mailto:michaelhrabec@bellsouth.net) before applying for the Dan and Qualifications Examinations, which must also be submitted by **May 31st**.

### **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, T. Mikami, Chief Instructor and Chairman.

### **Date**

June 7 - 10, 2018

### **Location**

Human Performance Center, Grace King High School Campus, New Orleans, Louisiana, USA

### **Eligibility**

A minimum of three months of training is required.

Dan and Qualification examinees must attend the full camp to test.

## INSTRUCTORS

Master Mikami Takayuki (9th Dan)

Master Imura Takenori (8<sup>th</sup> Dan)



Master Imura is the Vice General Manager of Technical Division Rank: 7th Dan  
Birthdate: July 14, 1952 Birthplace: Shizuoka Prefecture University: Japan University  
Started Karate: 1st year of university Motto: "Firm faith" **Major Tournament Wins** · 6th Shoto World Cup Karate Championship Tournament (Osaka, 1996) 1st Place Group Kata · 39th JKA All Japan Karate Championship (1996) 1st Place Kata · 38th JKA All Japan Karate Championship (1995) 1st Place Kata · 5th Shoto World Cup Karate Championship Tournament (Philadelphia, 1994) 1st Place Kata · 37th JKA All Japan Karate Championship (1994) 1st Place Kata · 36th JKA All Japan Karate Championship (1993) 1st Place Kata · 4th Shoto World Cup Karate Championship Tournament (Tokyo, 1992) 2nd Place Kata · 35th JKA All Japan Karate Championship (1992) 1st Place Kata · 34th JKA All Japan Karate Championship (1991) 2nd Place Kata · 33rd JKA All Japan Karate Championship (1990) 3rd Place Kata · 31st JKA All Japan Karate Championship (1988) 2nd Place Kata · 2nd Shoto World Cup Karate Championship Tournament (Brisbane, 1987) 1st Place Kata/Group Kata · 29th JKA All Japan Karate Championship (1986) 2nd Place Kata · 24th JKA All Japan Karate Championship (1981) 3rd Place Kata · 23rd JKA All Japan Karate Championship (1980) 3rd Place Kumite

## SEMINAR CONTENT

1. General instruction
  2. Seminar for Judges
  3. Dan examinations
- Only camp participants are eligible for examinations
  - Examinees must have: **JKA passport and copies of previous Dan Exam certificates**
  - 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**

## EXAMINATION FEES

Rank	Examination Fee	Registration Fee
1st Dan	\$80 US	\$ 130US
2ndDan	\$100 US	\$ 170US
3rd Dan	\$120 US	\$ 225US
4th Dan	\$150 US	\$ 270US
5th Dan	\$200 US	\$ 550US
6 <sup>th</sup> Dan	TBD	TBD

## 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
6 <sup>th</sup> Dan	Exceeding 6 Years after 5 <sup>th</sup> 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.

## 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
Judge B Kyu	More than 3 months after receiving 4th Dan Have a C 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

**Participation Fees.** \$250 US for entire camp when registered on or by May 31<sup>st</sup>, 2018, (Note if you mail the registration form, it must be postmarked by May 26, 2018) and \$275 US for entire camp when registered after or at the door. Collegiate and youth discounts apply. Separate fees apply for Dan and certification exams (see attached registration form).

Please encourage all JKA AF instructors and members to please help publicize our camp locally and via your social media so that karate people even outside JKA AF can be invited. The event's Facebook page is located at <https://www.facebook.com/events/423536911440146/> .

## PARTICIPANT'S MEDICAL QUESTIONNAIRE:

To be completed by all adults and guardians of minors attending the JKA AF Summer Camp 2018.

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 JKA AF Summer Camp 2018. 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 7-10, 2018 subject me to personal injury or bodily harm and I assume any and all risks of that participation. 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, the Grace King High School, 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 June 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 June 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 June 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 Summer Camp 2018 being held at Grace King High School, New Orleans, Louisiana, June 7-10, 2018. 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 Summer Camp 2017, JKAAF/ASKF and Grace King High School from any and all liabilities due to personal injury, bodily harm, or lost or stolen articles.

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



**JKA AMERICAN FEDERATION**  
706-C Phosphor Avenue  
Metairie, LA 70005  
Phone 504-835-6825 - Fax 504-835-6825 - Email:info@lkakarate.com  
www.jkaaf.org

**2018 JKA American Federation Training Camp Registration Form**

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

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

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

Present Dan: \_\_\_ Dan

**Participation Fees** \$ \_\_\_\_\_  
(\$250 US for entire camp when registered by May 31<sup>st</sup>. 2018  
and \$275 US for entire camp when registered at the door.)

**Collegiate 220.00** when registered by May 31<sup>st</sup>. 2018  
and \$245 US for entire camp when registered at the door. \$ \_\_\_\_\_

**Children under 13 years old \$150.** when registered by May 31<sup>st</sup>. 2018  
and \$175 US for entire camp when registered at the door. \$ \_\_\_\_\_

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

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

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

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

**Camp T-Shirt (indicate size \_\_\_\_\_) \$25.00** \$ \_\_\_\_\_

**Dormitory: \$ 40.00/night - \$ 15.00 for linen for the all stay** \$ \_\_\_\_\_

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

Please fill in this form and return it to the address for **JKA American Federation**. Registration by telephone will not be accepted. If there are any changes to your registration, please notify us by email (info@lkakarate.com) before **June 1<sup>st</sup>. 2018.**

Cash, Certified Check or Money Order is due upon check-in or mail ahead of time. Make payments to: **JKA American Federation** Make sure you mail your payment with enough time to be received before the first day of camp.

**Please use the following mailing address for payment and registration:**

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

## Good Will Tournament

A Good Will tournament will take place on Saturday June 9, 2018. We would like to encourage everyone to participate in this event.

**IMPORTANT:** For those who want to be in the National team pool, you **must attend the camp and participate in the tournament.**

Please complete the form below and send back with your registration. Early registration will facilitate logistic for an efficient tournament.

### Individual Registration Form

Club: \_\_\_\_\_

Name	Rank	Sex	Age	Kata	Kumite
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____

## ACCOMMODATIONS

U.N.O. has informed us that dormitory accommodations will not be available this year.

## HOTELS

With the availability of the internet, we have experienced in the past that booking on your own through the internet allows you better deals than blocking rooms locally.

**Christina FOO has made the following arrangements:**

The booking link is ready for your group!

<https://www.countryinns.com/metairiela/karate>

**Gina Abernathy • Director of Sales**



**Country Inn & Suites® by Radisson, Metairie, LA (New Orleans)**

**p: +1 (504) 648-3821 f: +1 (504) 835-8226**

**e: [gabernathy@cismetairie.com](mailto:gabernathy@cismetairie.com)**

**[2713 N. Causeway Blvd., Metairie, Louisiana, 70002](#)**

**JAPAN KARATE ASSOCIATION AMERICAN FEDERATION**  
**NATIONAL KARATE CAMP**  
*June 7 – 10, 2018*

**GRACE KING HIGH SCHOOL,  
NEW ORLEANS, LOUISIANA**  
Schedule of Events

**Thursday June 7, 2018**

**12:00 Noon**

**Check In**

**6:00 - 8:00 p.m.**

**Training: KIHON – HEIAN KATA  
MIKAMI, IMURA**

**Friday June 8, 2018**

**7:00 – 9:00 a.m.**

**Training: KIHON, KUMITE, SENTEI  
KATA**

**10:00 – 12:00**

**YOUTH TOURNAMENT**

**4:00 – 6:00 p.m.**

**Training: KIHON, TOKUI KATA  
MIKAMI, IMURA**

**Saturday June 9, 2018**

**8:00 - 10:00 a.m.**

**Training: KIHON, TOKUI KATA**

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

**\*Good Will tournament**

**2:00 - 3:30 p.m.**

**Training: SPECIAL YOUTH CLASS**

**4:00 - 6:00 p.m.**

**Training: KIHON, KUMITE, TOKUI  
KATA - MIKAMI, IMURA**

**7:00 p.m.**

**GET TOGETHER at (to be announced)**

**Sunday June 10, 2018**

**7:00 - 8:00 a.m.**

**Training: OVERALL REVIEW**

**8:15 - 10:30 a.m.**

**Dan exams**

**(Schedule subject to change)**