



Kachi Karate Day Camp

March 16th, 2015
March 17th, 2015
March 18th, 2015



Drop off time and place

9:00 AM (Before care available from 7:30 - 9:00 AM +\$15 per day)

Hombu Dojo, 760 Halekauwila Street, Unit #203, Honolulu, Hawaii 96813

Pick up time and place

3:00 PM (After care available from 3:00 - 5:30 PM +\$15 per day)

Hombu Dojo, 760 Halekauwila Street, Unit #203, Honolulu, Hawaii 96813

Day 1 Beach day

You will need

1. Karate-gi
2. Lunch
3. Board shorts, bathing suits
4. Sunscreen
5. Towel
6. Swimming vest if needed
7. Water bottle

Day 2 Movie day

You will need

1. Karate-gi
2. Lunch
3. Jacket
4. Spending money \$5
5. Water bottle

Day 3 Olympics day

You will need

1. Karate-gi
2. Lunch
3. Water bottle
4. Hooded sweatshirt
5. Running shoes

**Cost: One day \$75
 Two days \$140
 Three days \$189**

**Space is limited.
 Register now!!!**

Price includes drinks, snacks, program, classes, movie ticket.

Please turn in your application forms to your Sensei by March 8th, 2015

**For more information please contact Sensei Robert Koncal
 at (808) 389-5258 or E-mail: kachihawaii@gmail.com or
www.kachikarate.com**

APPLICATION FORM		
Name of participant:	Age:	Date of birth:
Dates of participation: March 16 th , March 17 th , March 18 th	E-mail:	
Before care dates:	After care dates:	
Parent name:	Contact phone number:	
Emergency contact name:	Emergency contact phone number:	
Eligible for pick up (please list people who can pick up camper):		

AGREEMENT AND RELEASE OF LIABILITY

IF YOU ARE UNDER 18 YEARS OLD THIS FORM MUST BE SIGNED BY PARENT OR GUARDIAN.

I, the undersigned, do hereby submit my entry form with intent to participate at the Kachi Karate Day Camp. I, the undersigned do hereby understand that physical contact between participants, and rigorous exercises are involved in the Kachi Karate Day Camp. I understand and am aware that this camp is a potentially hazardous activity which involves risk of injury and even death, and that I am voluntarily participating in this activity with full knowledge of the dangers involved. I, the undersigned, do hereby expressly assume and accept any and all risks of all damages, injuries (including death), or losses that I may sustain or incur while participating in the camp, organized by the Kachi Karate LLC. I, the undersigned, do hereby waive all claims against other participants, camp staff, sponsors, Robert Koncal, Barbara Maile Chinen, Kachi Karate Hawaii, Kachi Karate LLC and its instructors, employees, representatives or volunteers from any injury (including death) resulting from any cause that I may sustain, including those caused by the negligent acts or omissions of any of the above mentioned or others acting on their behalf, or in any way arising out of, or connected with, my participation in the Kachi Karate Day Camp. I fully understand that any medical treatment given to me will be of a first-aid nature only. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the Kachi Karate Day Camp. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in the Kachi Karate Day Camp without the approval of my physician and do hereby assume all responsibility for my participation. I grant to Kachi Karate LLC, its representatives and employees the right to take photographs of me while participating in the Kachi Karate Day Camp. I authorize Kachi Karate LLC, its assigns and transferees, to copyright, use and publish the same in print and/or electronically. I agree that Kachi Karate LLC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above.

Camper Signature: _____ Date: _____

Parent / Guardian signature: _____ Date: _____

Camper information			
Name:		Sex:	Date of birth:
Address:		Age at the time of camp:	Shirt size:
Family information			
Parent/Guardian name:		Phone #:	
Address:		Alternate Phone #:	
E-mail:		Relationship:	
Emergency contact			
Emergency contact name:		Phone #:	
E-mail:		Relationship:	
Camper health history			
Doctor's name:		Phone #:	
Insurance carrier & policy #		Date of last physical	
Are all immunizations up to date?	Yes No	Date of last tetanus shot	
Describe any camp activities from which the camper should be exempted for health reasons.			
Describe past medical treatment(s) including dates, if any.			
Describe any allergies or dietary restrictions.			
What current medications, prescribed and over-the-counter, are to be continued at camp? (dosage/frequency)			
Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp?			
Medical Information past or present (please check).			
If any of the items below apply to your child, you must have a Doctor's Authorization completed (see reverse side).			
Currently under Dr. Care	Heart defect/disease	Recent hospitalization	Asthma Seizures Diabetes
Important - The section below must be complete for attendance			
<p>This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.</p>			

Signature of parent or guardian or adult camper/staffer: _____ Date: _____

THIS SECTION TO BE COMPLETED IF CAMPER IS CURRENTLY UNDER DOCTOR'S CARE OR HAS A CONDITION THAT IS CHECKED ON FRONT OF THIS FORM.

Note: A Doctor's written authorization is only required if the camper has a history of Asthma, Heart Defect/Disease, Seizures, Diabetes, has been recently hospitalized, or is currently under a Doctor's care. If so, complete this section.

Health Examination by Licensed Physician

Child's name	Birth date	Male Female
Parent's name	Date examined	

Because of this camper's medical history, we have asked that your written authorization be provided prior to their attendance at Kachi Karate Camp. Please realize that camp is held in an outdoor setting. The programs are very active with strenuous training, hiking, games, swimming, and camp activities. Horseback riding, rock climbing, and surfing are optional activities. Your careful consideration is appreciated.

I have examined the child named on this form within the past two years. YES NO	Blood pressure:	Height: Weight:
--	-----------------	--------------------

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

Is the applicant under the care of a physician for any conditions?	YES	NO
--	-----	----

Please explain below

Any specific activities to be encouraged or limited by physician's advice?

Any medically prescribed meal plan or dietary restrictions?

Any treatment or medications to be continued at camp (please give time, method and quantity of doses)

Any allergies? (Food, drugs, plants, insects, etc)

Additional health information

Licensed physician signature	Date
Address	Phone
Date of form completion	By