

# Sunshine Camp 2020

## General Information and Registration Form



Ottawa Japan Karate Association  
475 Cambridge St. South  
Ottawa, Ontario K1S 4H6  
Tel.: (613) 804-7817



**General Information:**

2020 Sunshine Camp is going to take place in Miami, USA, from February 19-22. The camp is organized by Saeki Sensei (7<sup>th</sup> Dan), the Chief instructor of the CJKF, and will be hosting over thirty participants from Japan, which include Chiba University students and alumni. Nemoto Keisuke (6<sup>th</sup> Dan) and Nemoto Isao (7<sup>th</sup> Dan) will be the main instructors at the camp along with other senior instructors from Chiba, Japan.

**Schedule:**

February 19 (Wed)	–	1:30-3:00 PM Training
February 20 (Thu)	10:00-11:30 AM Training	1:30-3:00 PM Training
February 21 (Fri)	10:00-11:30 AM Training	1:30-3:00 PM Training
Saturday 22 (Sat)	10:00-11:30 AM Training	1:30-3:00 PM Training 6:00-9:00PM Party

**Location:** Japan Karate-Do International,  
7360 Coral Way Suite 25-B, Miami, FL 33155.

**Accommodations:** Hampton Inn.

**Registration:**

Participants from Canada can register for the event by sending the registration form below along with participation fees to Ottawa JKA. The deadline for the registration and payment is January 31, 2020. We will not be accepting on-site registrations.

For additional inquiries about the camp email us at [ottawajka.inc@gmail.com](mailto:ottawajka.inc@gmail.com) or call 613-804-7817.

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## Sunshine Camp 2020 Registration Form

\*\*\*This registration form is for participants from Canada only\*\*\*

Name	
DOB (MM/DD/YY)	
Address	
Phone	
Email	
Dojo	
CJKF Number	

### Fees (check your option here)

All Classes:

- 120 CAD (CJKF members)
- 150 (Non-CJKF members)

Per Class:

- 30 CAD (CJKF members)
- 50 (Non-CJKF members)

The payments' due date is January 31, 2020. The payments can be made in cash, cheques or e-transfer to [ottawajka.inc@gmail.com](mailto:ottawajka.inc@gmail.com). The camp fees are non-refundable.

Amount: \_\_\_\_\_ cash/cheque/e-transfer (circle your option).

### Waiver

I, \_\_\_\_\_, release Ottawa JKA and any of its instructors, staff, and/or any member for any responsibility in case of accident, illness, or injury during my (my child's) enrollment. I do hereby grant the authority to the staff of Ottawa JKA to apply judgment in regards to medical assistance in the event of an accident, injury, or illness. I authorize first aid, a medical or surgical diagnosis and treatment which may deem necessary.

I have read and agreed to all the above.

Date: \_\_\_\_\_

Signature of participant: \_\_\_\_\_

(Signature of parent or legal guardian, if under 18)

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