



Martial Arts Summer Camp 2010

Register Soon, Space will be limited!!!

We will have our Summer Camp the week of June 21-25 for kids 6-13 years old who would like to experience a week of **High Intensity Training** and **Fun Karate Activities**. The camp hours will be 9:00 – 2:00 pm, Monday – Friday and will be held here at the dojo. We will continue to have our regularly scheduled karate classes in the afternoons, Monday – Thursday.

Beginner, Intermediate and Advanced Belt Level youth students
are encouraged to participate!!

The Summer Camp week is a great way to get an intensive jump in Shido-kan Karate, regardless of your rank!

Cost of Camp

\$149.00 for the one-week Summer Camp session.
Second family members have a reduced rate of \$119.00

Lunch

Students will bring a lunch four days. We will have one celebration lunch with Pizza on the last day.

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General Outline of Activities for Week

This is a general outline for most days.
On Friday there will be a lunch outing, schedule will be adjusted.

9:00 - 9:30 am	Introductions, Outline, Warm-Ups
9:30 - 10:00 am	Karate Activity (age and skill appropriate)
10:00 - 10:15 am	Break
10:15 - 11:00 am	Karate Activity (age and skill appropriate)
11:00 - 11:30 am	Fun Activities
11:30 - 12:15 pm	Lunch and Rest
12:15 - 1:00 pm	Karate & Fun Activity
1:00 - 1:30 pm	Discussion Points/Video
1:30 - 1:45 pm	Break
1:45 - 2:00 pm	Review, Wrap Up

Karate Activity Training Includes:

Kata, Sparring, Board Breaking, Partner Drills,
Demonstration Team Routines, Bunkai, Throws,
Break Falling, and Self Defense Techniques,
& Fun Karate Activities

Discussion Points/Video:

Safety Awareness, Leadership Training,
Shido-kan History and other Points

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Registration Form June 21-25, 2010

Student Name: _____

Age: _____

Birth date: _____

Address: _____

Home Phone: _____

Alt Phone 1: _____ (Cell, Work)

Alt Phone 2: _____ (Cell, Work)

Registration Fee \$149.00

Received by: _____

Free Camp T-shirt Size _____ (YS, YM, YL, S, M, L, XL)
(extra shirts are available for \$15 each)

Other Emergency Contact Person during day:

Name: _____

Relationship: _____

Phone: _____

Do you have any dietary restrictions/allergies? Please List.

Do you need to take any medications during the camp hours? Please List.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date