



## 56th ANNIVERSARY

# 16th ANNUAL SUMMER TRAINING CAMP

## Open to All Martial Arts\*

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

Sept. 22, 23, 24 at Old Orchard Park Community Room,  
25023 Av. Rotella, Santa Clarita, CA

This is your opportunity to personally train with top black belts from Japanese 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: September 22, 23, 24: [as of 5/4/23 - topics & instructors subject to change.]

<b>DAY</b>	<b>TIME</b>	<b>TOPIC</b>
Friday	8:30am	Same day registration and setup
	8:45-10:15am	Seminar A: Closing the Danger Gap – Lawrence Boydston, 8d Danzan Ryu & Steve Singleton, 5d
	10:25-12noon	Seminar B: Technique Commonalities/Dotai Waza -- George Kirby, 10d Budoshin Jujitsu
	12-1pm	Lunch [on your own]
	1-2:45pm	Seminar C: Easy Technique Fixes or Transitioning -- George Kirby
	2:55-4:10pm	Seminar D: Jujitsu Applications in Karate Kata -- Dayne Fiorello, 3d Kenpo Karate
Saturday	8:30am	Same day registration and setup
	8:45-10:15am	Seminar E: Nawa/Obi Waza – George Kirby
	10:25-12noon	Seminar F: Depth of Knowledge – David Bellman, 10d Ketsugo Jujitsu
	12-1pm	Lunch [on your own]
	1-2:45pm	Seminar G: Joint Lock Appl or Training v Reality – Darryn Melerine, 5d Minami Ryu/Budoshin JJ
	2:55-4:10pm	Seminar H: Technique Counters [& Counter-Counters] – George Kirby Dinner [you pay] [TBD]
Sunday	8:30am	Same day registration and setup
	8:45-10:15am	Seminar I: Open
	10:25-12noon	Seminar J: Reducing Street Reaction Time – George Kirby Farewell luncheon [you pay] [TBD]

### Seminar Location:

Old Orchard Park Community Room, 25023 Av Rotella, Santa Clarita [Newhall], CA 91355. See map on page 4.



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## 2023 SUMMER CAMP REGISTRATION FEES\*\*:

Pre-registration fees for BJJY, BJJ, or AJA members, See deadlines below.+

Pre-registration fees for non-BJJY, non-BJJ, or non-AJA members: See deadlines below.+

ALL registration fees received after deadlines below or at the door.+

Friday, Saturday, <u>AND</u> Sunday: <b>ALL THREE DAYS</b>	\$130	\$140	\$155
Friday <u>AND</u> Saturday: <b>TWO DAYS</b>	\$90	\$105	\$120
Saturday <u>AND</u> Sunday: <b>TWO DAYS</b>	\$80	\$90	\$100
Friday <u>OR</u> Saturday: <b>1 day Training ONLY</b>	\$50	\$60	\$65
ANY Half-Day or just Sunday: [If space available]	\$35	\$40	\$45

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

\*\*Payment of registration fee is for instruction only. It does NOT include any meals, transportation, or housing.

+ Preregistration deadline for PayPal or Zelle is 9/15/23. [You can use your credit card to pay for these.]

+ Preregistration deadline for check or money order is 9am, 9/11/23.

### Register in one of the three ways below:

- 1] To preregister ONLINE with PayPal go to <https://budoshin.com/news/events/> and scroll down the page until you find the seminar package you want. Then look to the right to pay with PayPal. Then click on <https://budoshin.com/2023SummerCampPacket.pdf> and go to the last two pages of the packet, fill out, and bring the "JU-JITSU PARTICIPANT AGREEMENT" [1 side] with you to camp. If the participant is a minor [under 18] the "AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR" [next page] **MUST** also be filled out & signed by a parent or legal guardian -- *even if the parent or legal guardian is attending the camp.* Additional forms will be available at camp.
- 2] To preregister with a check, complete the above [#1] and mail your check for full amount made out to "Budoshin Jujitsu Dojo", 23820 Lanesboro Pl., Valencia, CA 91354-2619. **CHECKS MUST BE RECEIVED BY 9AM, 9/11/23.**
- 3] To register after 9/15/23 use PayPal or register at the door with cash [PREFERRED], PayPal, or PayPalMe. **NO DEBIT/CREDIT CARDS OR CHECKS ACCEPTED AT THE DOOR!!** All registration materials are available at the door. Minors [under 18] **MUST** bring the already completed and signed forms with them OR a bring parent or legal guardian with them to fill out and sign both the "Ju-Jitsu Participant Agreement" AND the "Authorization to Consent to Treatment of Minor" forms -- *even if the parent or legal guardian is attending the camp.* **NO EXCEPTION**

**ABSOLUTELY NO REFUNDS AFTER SEPTEMBER 1, 2023.**

Can't make it?? How about a **GoFundMe** donation to help defray other participants' expenses:

<https://www.gofundme.com/f/7d54j-instructor-training-summer-camp>

## **Where to stay in Santa Clarita:**

Some of the places listed below are closest to Old Orchard nice & others are inexpensive. Also, check out [www.priceline.com](http://www.priceline.com), [www.travelocity.com](http://www.travelocity.com), & [www.expedia.com](http://www.expedia.com) [plus other travel sites] for additional places to stay, prices & booking information. Check Google Maps, etc. for actual comparative locations. Sometimes these places will match or beat online prices if you ask them to.

Best Western Valencia 800 528-1234 661 255-0555  
Extended Stay America 800 398-7829 661 255-1044  
Hampton Inn 661 253-2400  
Holiday Inn Express 661 284-2101  
Hyatt Valencia 800 233-1234 or 661 799-1234

Comfort Suites 800 228-5150 661 254-7700  
Fairfield Inn by Marriott 661 290-2828  
Hilton Garden Inn 800 445-8667 661 254-8800 [closest  
to Magic Mountain]  
Marriott Residence Inn 800 331-3131 or 661 290-2800  
\*\*Super 8 Motel 661 252-1722  
\*\*Travelodge 661 252-1716

\*\*Now several miles from Old Orchard Park [both on Sierra Hwy]. **Used to be closest to our old dojo location.**

**If you're flying into southern California, Burbank [Bob Hope] Airport  
is a lot closer and saner than LAX.**

## **Things your family can do in Santa Clarita while you're at "camp":**

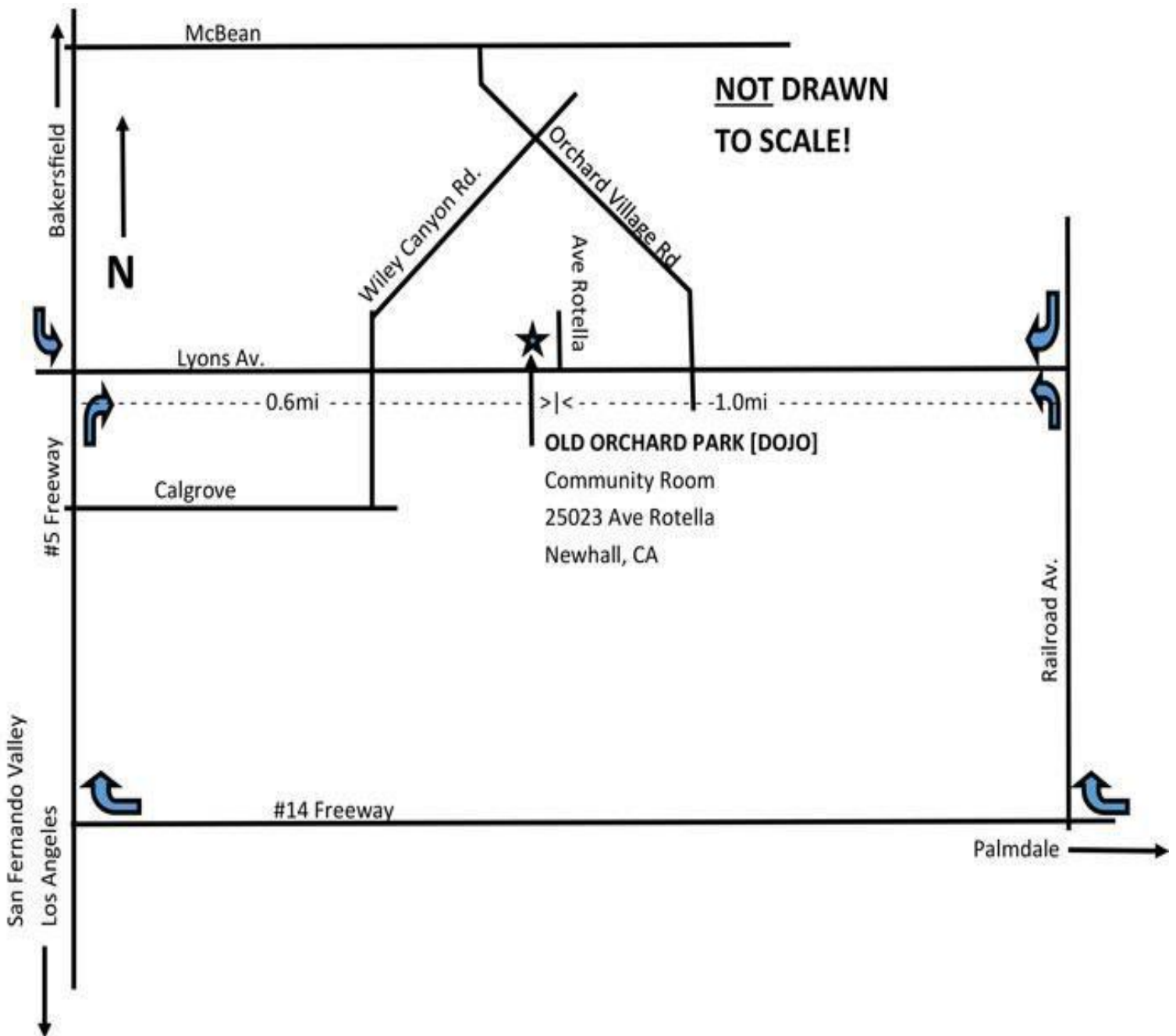
Within 5-20 minute drive: Six Flags Magic Mountain & Hurricane Harbor, great golf courses, movies, Valencia Town Center Mall, Mountasia [arcade games, rides, roller skating], Ice Station [ice skating].

Within 30-75 minute drive: major studio tours, Universal Studios, Knott's Berry Farm, Disneyland, Pacific Ocean [Ventura/Oxnard], Ojai, lakes & fishing

## **Weather in Santa Clarita**

The weather in Santa Clarita in September can be quite warm, [80-100°F] and dry [fortunately]. Casual & cool clothing are appropriate.

Map to Budoshin Ju-Jitsu Dojo at Old Orchard Park, Santa Clarita:



**BRING THE PARTICIPANT RELEASE [BOTH SIDES OF NEXT PAGE] 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].**

**JU-JITSU PARTICIPANT AGREEMENT  
BUDOSHIN TRAINING CAMP, SEPTEMBER 22, 23, & 24, 2023**

**SPONSORING AGENCY[IES]: AMERICAN JU-JITSU ASSOCIATION  
BUDOSHIN JU-JITSU DOJO, INC**

PARTICIPANT'S NAME [PLEASE PRINT] \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
YOUR ADDRESS [STREET] \_\_\_\_\_ CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_  
SOC. SEC.# \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

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 THIS IS A BODY CONTACT ACTIVITY AND 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 UNDERSTAND THAT ALTHOUGH THE SPONSORING AGENCY[IES] HAVE PUT INTO PLACE APPLICABLE PREVENTIVE MEASURES AND WORKED WITH THE FACILITIES IT OPERATES IN, TO REDUCE THE SPREAD OF COVID-19, THE SPONSORING AGENCIES, INCLUDING ITS GOVERNING BODY[IES], OFFICIALS, EMPLOYEES, VOLUNTEERS, AND MEMBERS, EITHER INDIVIDUALLY OR OTHERWISE CANNOT GUARANTEE THAT I, MY CHILD[REN]. OR THE ABOVE NAMED PARTICIPANT [IF THEY ARE A MINOR] WILL NOT BE INFECTED WITH COVID-19. FURTHER, ATTENDING OR PARTICIPATING IN THE ACTIVITIES DESCRIBED IN THIS AGREEMENT COULD INCREASE MY RISK OR MY CHILD[REN]'S RISK OF CONTRACTING COVID-19. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME THE RISK THAT MY CHILD[REN] AND/OR I MAY BE EXPOSED TO OR INFECTED BY COVID-19 BY ATTENDING THE ACTIVITIES OF THE SPONSORING AGENCIES AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY AND DEATH. I UNDERSTAND THAT THE RISK OF BECOMING EXPOSED OR INFECTED BY COVID-19 IN ANY OF THE ACTIVITIES STATED IN THE FIRST PARAGRAPH OF THIS AGREEMENT, MAY RESULT FROM THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF MYSELF AND OTHERS, INCLUDING, BUT NOT LIMITED TO THE ABOVE NAMED SPONSORS, OR ITS INCLUDING ITS GOVERNING BODY[IES], OFFICIALS, EMPLOYEES AND MEMBERS, VOLUNTEERS, PROGRAM PARTICIPANTS, AND THEIR FAMILIES, EITHER INDIVIDUALLY OR OTHERWISE.
- 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, VOLUNTEERS 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, POSTED IN CLASS, 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 VIDEOS 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 GUARDIAN'S SIGNATURE DATE

**IMPORTANT -> ALL PARTICIPANTS MUST FILL OUT THE MEDICAL EMERGENCY INFORMATION ON THE OTHER SIDE.  
IMPORTANT -> IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN ABOVE AND COMPLETE THE "AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR" ON THE OTHER SIDE**

**MEDICAL EMERGENCY INFORMATION FOR PARTICIPANT:**

NAME OF PARTICIPANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMERGENCY CONTACT NAME EMERGENCY CONTACT PHONE # \_\_\_\_\_

PRIMARY MEDICAL COVERAGE: \_\_\_\_\_ SECONDARY MEDICAL COVERAGE: AMERICAN JU-JITSU ASSOCIATION

ALLERGY TO MEDICATION OR SPECIAL NOTES: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

FULL 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 STATED ABOVE 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      PRINT NAME      DATE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
WITNESS SIGNATURE      PRINT NAME      DATE

**PLEASE FILL OUT A SEPARATE REGISTRATION PARTICIPANT RELEASE FORM [ABOVE] FOR EACH PARTICIPANT!!**

**ALL MAILED PREREGISTRATION MATERIALS MUST BE RECEIVED BY 9AM, SEPTEMBER 11, 2023, AT THE FOLLOWING ADDRESS:**

Budoshin Jujitsu  
23820 Lanesboro Pl.  
Valencia, CA 91354-2619

**ABSOLUTELY NO REFUNDS AFTER SEPTEMBER 1, 2023**