

2025 NATSU KEIKO



Camp Dates: Friday and Saturday, July 18th and 19th, 2025

Camp Location: North Brevard Parks and Recreation
Gibson Complex Gymnasium
835 Sycamore St, Titusville, FL

NO CAMP APPLICATIONS will be accepted after July 10 because of catering. Payment may be made AT camp by cc, cash, or check, but PLEASE REGISTER early. Free T-shirt if registered by July 1.

1st Kyu and Dan Testing: Thursday, July 17th, 2025

Testing Location: Titusville YKI
3550 S. Washington Ave, Titusville, FL

Hotel: Fairfield Inns & Suites by Marriott
\$109.00 per night, plus tax, per room (includes breakfast)

Location: 4735 Helen Hauser Blvd, Titusville, FL
(321) 385-1818

USE LINK [HERE](#) TO RESERVE A ROOM WITH YKI RATE. Please reserve rooms quickly.

Rate is short-term and once unavailable we are not able to obtain other than full price rooms; don't ask us.

Camp Training Fee: Please select from the options below:

_____ \$250.00 Full Camp*

_____ \$75.00 Non-Member Fee

_____ \$125.00 1 Day, _____ Fri* or _____ Sat*

_____ Annual Dues - \$75 after April 1

_____ Australasia Dues – \$50 until July 1

*Lunch and Dinner are included

_____ \$ T shirt – Free if application received by July 1. \$30 for extra shirts, or after July 1

Adult Size: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____ XXXXL _____ XXXXXL _____

_____ \$ Total Amount Due

IMPORTANT: If you do not plan to stay at the gym all day with your minor child you must provide a NOTARIZED Permission to Treat form (see attached).

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Instructor: _____ **Age:** _____ **Rank:** _____

Questions: Direct all inquiries to your instructor or Christina McClernan at:

2030 N. Scenic Hwy

Babson Park, FL 33827

Email: chris.mcclernan@yoshukai.org

Ph: 352-262-8376

Yoshukai Karate International

Permission to Treat

Revision F (4-15-2010)

PERMISSION TO TREAT (REQUIRED FOR ALL PARTICIPANTS UNDER AGE 18)

In presenting my son/daughter for diagnosis and treatment (name)

_____ I, Parent or Legal Guardian

for _____ of _____ years of age, hereby

voluntarily consent to __Son or __Daughter the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to Yoshukai Karate International who will be caring for our (my) child

(Name of Child)

for the period _____ to _____ to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Family Physician: _____

Pediatrician: _____

Telephone: _____

Medications: _____

Child's Allergies: _____

Date of last tetanus booster: _____

In case of emergency, I can be reached at the following telephone number: _____

Alternate Contact/Telephone: _____

Health Insurance: _____

Policy/Group Number: _____

Telephone: _____

SIGNATURE

Signature: _____ Date: _____

Notary Signature: _____