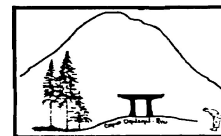


# Camp Danzan Ryu - Registration

## May 17-19, 2024

MARTIAL ARTS  
CAMP  
DANZAN RYU



(Print)  
NAME \_\_\_\_\_ Age \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Tel# (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Dojo/Club \_\_\_\_\_ Rank \_\_\_\_\_

Online Payment ID Number: \_\_\_\_\_ (if paying via Online Option)

**(Circle One)**

Early Registration	Registration	Walk-In Registration **
Postmarked or Online Payment by <b>Mar 15, 2024</b>	Postmarked <b>Mar 16 - May 1, 2024</b> or Online Payment thru May 17th	<b>May 17 &amp; 18, 2024</b>
<b>\$235.00 - Full Camp Package</b>	<b>\$250.00 - Full Camp Package</b>	<b>\$305 ** All Participants</b>
<b>\$205.00 - Campsite Package</b>	<b>\$220.00 - Campsite Package</b>	<b>\$200 - Non-Participating</b>
<b>\$190.00 - Commuters</b>	<b>\$205.00 - Commuters</b>	<b>Guests</b>
<b>\$160.00 - Non-Participating Guest</b>	<b>\$175.00 - Non-Participating Guest</b>	

**Full Camp Package** - Facilities use, onsite indoor lodging, all meals, all clinics & t-shirt / **Campsite Package** - Facilities use, camping campsite, all meals, all clinics & t-shirt, **Commuter** - Facilities access, all meals, all clinics & t-shirt. (No lodging or camping)

\*\* **Walk-In Registration** (May 17 & 18, 2024) – Facilities access & all clinics. (Lodging, meals & t-shirt **IF** available)

T-shirt Size (adult sizes)      S      M      L      XL      XXL      (circle one)

No Refunds after May 1, 2024

Make checks payable to: Alameda Jujitsu Alumni, Inc.  
Mail to: Camp Danzan Ryu, P.O. Box 1314, Alameda, CA 94501

**All Camp Danzan Ryu Participants MUST complete the two sections below:**

**Release for Medical Treatment (please Print)**

Person to contact in Emergency \_\_\_\_\_

Tel# (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Medical Coverage or Family Doctor \_\_\_\_\_ Medical Coverage ID# \_\_\_\_\_

Allergies to Medications, if any (also list food allergies) \_\_\_\_\_

The undersign hereby authorizes, Alameda HS Jujitsu Alumni, Inc. or its designated representative as agent for the undersign to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, either directly or under the supervision of a physician or at an approved medical facility, if such diagnosis or treatment is deemed appropriate.

**Participants Signature** \_\_\_\_\_ Date \_\_\_\_\_

**If participant is under 18 years of age:**

**Parent or Legal Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Release Agreement**

For and in consideration of my participation in the foregoing event sponsored by the Alameda HS Jujitsu Alumni, Inc., (Alumni) I intending to be legally bound, hereby myself, my heirs, and administrators, waive and release any and all rights to damage or claims against said Alumni, its governing body, officials, and members for injuries or rights to damages suffered by me directly or indirectly as a result of attending, participating in, practicing for, traveling to or from such Camp, or against the owners, organizations, governing body, staff members, or instructor(s) of the gymnasium, dojo, school, camp, or place where held. **I further certify that I am in proper health and physical condition to participate in such activities.**

**Participants Signature** \_\_\_\_\_ Date \_\_\_\_\_

**If participant is under 18 years of age:**

**Parent or Legal Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_