

# 2025 NATSU KEIKO



**Camp Dates:** Friday and Saturday, July 18<sup>th</sup> and 19<sup>th</sup>, 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.**

**1<sup>st</sup> Kyu and Dan Testing:** Thursday, July 17<sup>th</sup>, 2025

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

**Hotel:** Fairfield Inns & Suites by Marriott

**Location:** 4735 Helen Hauser Blvd, Titusville, FL

\$109.00 per night, plus tax, per room (includes breakfast) (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](mailto: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: \_\_\_\_\_