



**2012 ROCKWOOD KARATE GASSHUKU**  
**INFORMATION AND REGISTRATION FORMS**  
**-PLEASE KEEP THIS PAGE WITH THE ITINERARY-**



***SIDRABENE IS LOCATED AT 5100 APPLEBY LINE, BURLINGTON. FOR MORE ON  
SIDRABENE, GO TO: [HTTP://WWW.STANDREWSLATVIAN.ORG/SIDRABENE/](http://www.standrewslatvian.org/sidrabene/)***

.....

Sidrabene has washroom and shower facilities on-site.

The Bronte Creek and nature trails of Sidrabene provide the back drop for the Gasshuku, including fitness fields and a recreation area.

The grounds have been booked in the Rockwood Karate dojo's name. Upon your arrival (after 3pm on Friday) to the grounds, simply tell the clerk this information and they will allow you to park and settle in. **You will not be charged any fee at this time, because you will already have paid in advance.** You may choose your location on a first come first serve basis.

Cost of the Gasshuku is as follows:

- 75.00 per student for the weekend or \$15/class
- 10.00 per person (not training) for the weekend

Please bring bug repellent, sunscreen, drinking water, your own food to cook and prepare for the weekend, more than one pair of running shoes in case it rains while we train, and navy blue or black track pants (more than 2 pairs), and white t-shirts or karate t-shirts (more than 2). Also bring your gi. We will have a hard wood floor and hall to train in during our camp. Also, you may wish to get special scenic karate photos taken between classes, in mother nature's fall glory. Of course you will need any supplies you are used to taking camping as well, such as hygiene and sleeping supplies etc ...

**THANK-YOU.**

[sensei@rockwoodkarate.com](mailto:sensei@rockwoodkarate.com) 519-826-6111

.....

**CAMP WAIVER & REGISTRATION FORM**

**I UNDERSTAND THAT AS A CONDITION OF MY PARTICIPATION IN KARATE CLASSES, I MAY SUSTAIN MINOR TO SERIOUS INJURIES. I SAVE HARMLESS THE ROCKWOOD KARATE CLUB, ROCKWOOD CONSERVATION AREA, ALL INSTRUCTORS AND CAMP CO-ORDINATORS FROM ANY AND ALL LIABILITY FOR INJURY, LOSS OR STOLEN ARTICLES I MAY INCUR DURING SAID CAMP. I SIGN THIS WAIVER AS RECOGNITION OF MY UNDERSTANDING OF THE ABOVE MENTIONED RELEASE OF LIABILITY.**

NAME.....SIGNATURE.....

**SIGNATURE OF PARENT OR GUARDIAN IF UNDER THE AGE OF 18 YEARS OLD:**

NAME.....SIGNATURE.....

DATE.....

\*\*\*\*\*

**PLEASE FILL IN THE INFORMATION BELOW AND SUBMIT WITH YOUR PAYMENT.  
CASH OR CHEQUE ONLY, CHEQUES MADE PAYABLE TO DONNA HASKETT.**

\*\*\*\*\*

NUMBER OF PEOPLE ATTENDING: \_\_\_\_\_ NUMBER TRAINING IN CLASSES: \_\_\_\_\_

YOUR NAME, ADDRESS, E-MAIL AND TELEPHONE NUMBER(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

.....

