



JAPAN KARATE ASSOCIATION  
SHOTOKAN KARATE-DO INTERNATIONAL

2020 WINTER  
TRAINING CAMP  
& Instructor Training  
& Phoenix Tournament Preparation

JAN 24, 25, 26  
Montville CT

At JKA Montville dojo - only for contestants going to Phoenix - \$20 per session  
1242 Old Colchester Rd. Oakdale, CT 06370

SESSION 1 – FRIDAY	Kumite	6:30-8:00pm
SESSION 2 – SATURDAY	Men Team Kata	8:30-9:00am
	Women Team Kata	9:00-9:30am
	Individual Kata	9:30-10:00am

At Tyl Middle School - for all students  
166 Chesterfield Rd. Oakdale, CT 06370

	<i>Registration</i>	<i>10:00-11:00am</i>
SESSION 3 – SATURDAY		11:00am-12:30pm
	<i>Registration</i>	<i>3:30-4:00pm</i>
SESSION 4 – SATURDAY		4:00pm-5:30pm
	<b>Buffet Dinner 7:00pm @ dojo</b>	
	<i>Registration</i>	<i>8:30-9:00am</i>
SESSION 5 – SUNDAY		9:00am-11:00am

Please register via email by January 10th or 30 minutes before your first class.  
Onsite registration: Please include an additional \$10 late fee for not registering before January 20<sup>th</sup>.

# 2020 WINTER TRAINING CAMP

## JANUARY 24, 25, 26

Leonard J. Tyl Middle School  
166 Chesterfield Rd, Oakdale CT 06370



Photo by Peggy Jacobs

The Japan Karate Association of Montville is honored to be hosting this year's SKDI Winter Camp. We are completing our 15th year and are excited to have you come and train with us and our master instructors. Besides the great training, there will be dinner and Party on Saturday at the dojo just 2 miles from the gym immediately after class. We're looking forward to seeing you and training with you next month. Please see below for information about prospective hotels. Let me know if you have any questions about your stay. Merry Christmas and Happy New Year!

	WHITE BELTS & Children < 16	GREEN BELTS	BROWN BELTS	BLACK BELTS
EACH CLASS	\$25	\$30	\$35	\$40
WHOLE CAMP	\$55	\$70	\$85	\$100

\*The hotels are 10-15 minutes from the training (and 10-15 minutes from both Casinos)

\***Please email your registration list by Friday January 10th.** For those who wish to pay in advance and avoid the line at registration, send payment for "*JKA Montville*" to:

**Andrew Bakoledis, 60 Pheasant Run, Oakdale CT 06370**

**A \$10 late fee applies to all who fail to pre-register by the 20<sup>th</sup>.**

\*Questions can be directed to both Bako (860-227-2769) and Abby please:

[andrewbakoledis@gmail.com](mailto:andrewbakoledis@gmail.com)

[abs.barrera@gmail.com](mailto:abs.barrera@gmail.com)

FOR THE FOLLOWING GROUP RATES, PLEASE RESERVE ALL ROOMS UNDER “JKA”

*Please book by January 10<sup>th</sup> to guarantee a room at the group rate for SAT. 1/25 only.  
Unfortunately I have to release the rooms on the 10<sup>th</sup> so as not incur any charges.*

**SpringHill Suites by Marriot(\$110) – 15 rooms with two queens, includes sleeper sofa for 2 more.**

401 N. Frontage Road, Waterford CT 06385. 860-439-0151.

Indoor pool, whirlpool, continental breakfast, laundry facilities

**Hampton Inn by Hilton(\$174) – 15 rooms with two queens. Brand new hotel built in 2017. (Friday ~ \$120)**

154 Salem Turnpike, Norwich CT 06360 860-885-1100

Indoor pool, hot tub, *Full breakfast included.*

*In the event of a cancellation due to a winter storm, camp will be cancelled 3 days in advance.  
Please cancel your room booking within 48 hours to avoid charges. We are tentatively scheduling camp  
the following weekend and will keep you posted about those details.*

**Due to a wine and food tasting festival at the Mohegan Sun casino, hotel rates are unusually high. Here are some cheaper options that are near the SpringHill Suites in New London that are not blocked:**

**\*\*Rodeway Inn Waterford - about \$50-70.**

211 Parkway North, Waterford CT 06385. Down the street from the Chrystal Mall.

**\*\*Red Roof Inn New London – about \$45-60.**

**\*\*JKA of Montville dojo – no beds, 1 big matted floor, gas heat. \$0.**

1242 Old Colchester Rd. 860-227-2769. Email me to book your stay :o)

### **DIRECTIONS to Winter Camp Training**

**Directions to Leonard J. Tyl Middle School Gymnasium – 166 Chesterfield Rd, Oakdale CT 06370**

From I-395 N or S, Take exit 6. Turn right off the exit. Travel 2.5 miles and turn left on Chesterfield Rd. Proceed up hill to stop sign ½ mile. Go straight through intersection, take the 2<sup>nd</sup> left into Tyl Middle School. Continue up hill, bare right and park in the upper lot. Use main entrance.

**Directions FROM HOTELS to training sessions.**

**Hampton Inn to training:** turn right out of hotel. Turn right onto 395S. Turn right off the exit. Travel 2.5 miles and turn left on Chesterfield Rd. Proceed up hill to stop sign ½ mile. Go straight through intersection, take the 2<sup>nd</sup> left into Tyl Middle School. Continue up hill, bare right and park in the upper lot. Use main entrance.

**SpringHill Suites to training:** Right on Bayonet Street, Left on Briggs Street and left on Williams Street. Then Left on Old Colchester Rd, Left at stop sign. take the 2<sup>nd</sup> left into Tyl Middle School. Continue up hill, bare right and park in the upper lot. Use main entrance.

**Dojo to training:** turn right out of dojo. Drive 1.5 miles, turn right at 4-way stop sign. Take the 2<sup>nd</sup> left into Tyl Middle School. Continue up hill, bare right and park in the upper lot. Use main entrance.

Release of Liability

I understand that my participation in the JKA SKDI Winter Training Camp in Oakdale, CT on January 24, 25, 26 of 2020 is at my own risk. Therefore, I hereby release, discharge and forever acquit the Japan Karate Association of Montville llc, Shotokan Karate-Do International Inc., The Town of Montville for any loss, injury, or accident resulting from my participation.

My signature below confirms to all who may be concerned that I have carefully read the above and understand and agree to all the conditions set forth therein.

I have read and I understand the release of liability:

Participant **Signature** \_\_\_\_\_ Participant/guardian **Name**: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by \_\_\_\_\_

\_\_\_\_\_ Medical Treatment

Authorization for Minor

In the event that I am unable to provide parental/guardian consent, I hereby authorize the physician(s)/staff of the designated hospital to provide hospital care to include routine diagnostic procedures and medical treatment as necessary to my son, daughter or ward.

\_\_\_\_\_  
Signature of parent or legal guardian Date

\_\_\_\_\_  
Name of parent or legal guardian (PRINT) Phone

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