



**MATSUSHIMA KYOKUSHIN AUSTRALIA**  
**HANSHI GARY VICCARS BRANCH**

## Senior Branch Camp 2025

### Friday 17th October to Sunday 19th October

Application to attend

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode \_\_\_\_\_ Age: \_\_\_\_\_ Years Date of Birth:     /     /

Email address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

Grade: \_\_\_\_\_ Dojo: \_\_\_\_\_

Special diet requirements: \_\_\_\_\_

I wish to attend the camp and have paid \$275 into the VKKA account.

This form must be returned to your instructor or to Hanshi by Friday 3rd October

Please pay your \$275 into VKKA account;

BSB 633108

Account No. 125176180

Or you can pay by credit card, just contact Hanshi

Please bring: Bottom sheet, Pillow case, Sleeping bag & Towel

Age: the camp is open to all members from 14 years and up (under 18 must have parents consent)

No day trippers permitted

In consideration of, and as a condition of, the acceptance of my application for the MKA/VKKA Senior Branch Camp 2025 (October 17-19)

I, \_\_\_\_\_

of \_\_\_\_\_

do hereby waive all and any claim, right or cause of action which I might otherwise have for, or arising out of loss or injury, damage of any description whatsoever which I may suffer or sustain in the course of, or as a consequence of, my participation in this training camp. This waiver, release and discharge shall be and operate separately in favour of all persons, corporations, associations, incorporated associations and bodies involved in promoting or staging this event and the servants, agents, representatives, officials, and helpers of them.

I also acknowledge that I am fully aware of the risk of injury involved in this training camp.

My date of birth is            /            /

\_\_\_\_\_  
Applicant

Witness to signature

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Print Name