

Federación Canaria de Judo y D.A.

JIU-JITSU - AIKIDO - KENDO - WU-SHU, DEFENSA PERSONAL Y NIHON-TAI-JITSU

NOTICE: E.F.C-KENDO, K-03/18 (INTERNATIONAL)

FROM: CANARY FEDERATIVE SCHOOL

TO: ALL NATIONAL EUROPEAN KENDO FEDERATIONS, REGIONALS, INSULARS, DELEGATIONS AND CLUBS OF KENDO.

DESCRIPTION: SEMINARIO PREPARACIÓN EXAMEN PASO DE GRADO DE KENDO.

PLACE: TENERIFE, CANARY ISLAND (SPAIN)

- **Adress.**

- Pabellón Punta Larga; Avenida Punta Larga s/n, (Candelaria)

DATE: from 02 to 05 August 2018

TIME

- **Thursday 02**
 - From 20:00 to 22:00
- **Friday 03**
 - From 10:00 to 13:00 and 18:00 to 20:00
- **Saturday 04**
 - From 10:00 to 14:00 (EXAM)
 - From 6:30 to 8:00 p.m.
- **Sunday 05**
 - From 09:00 to 15:00 (SEMINAR AND CHAMPIONSHIP)

MATTER TO TREAT

Development of the structure of the degree exams and their training.

ADDRESSED TO.

- To KENDO practitioners.

REQUIREMENTS OF THE ASSISTANTS:

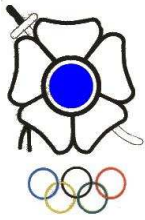
- National License 2018.

REGISTRATIONS:

- In the mail info@teidesan.com, sending the ANNEX-1, reflected in this circular (and the ANNEX -2 does correspond).

DOCUMENTATION to hand in before the beginning of the **COURSE.**

- None.



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**THE SEMINAR WILL BE GIVEN BY:
NATIONAL:**

- Jesús González Pajares, 6th Dan
- Jeanne Pierre Ruiz, 6th Dan
- Pedro Soler Capó, 6th Dan

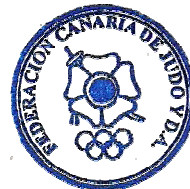
INTERNATIONAL:

- Walter Pomeroy, 7th Dan
- Donatella Castelli, 7th Dan
- Edwing Soldati, 6th Dan
- David Castro, 6th Dan
- Mario Menegati, 6th Dan

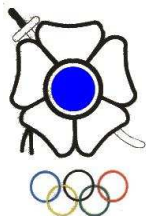
Director of the seminar.

- Mr. Walter Pomeroy

The Director of the Federative School of the Canary Islands
and Delegate of the E.F.N.



Signed Ramón L. Castellón Parra



Federación Canaria de Judo y D.A.

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ANNEX-1

COURSE/SEMINARY OF KENDO

Mr./Mrs. _____
Date of birth _____, I.D. Number _____
Address _____
City _____ Postal Code _____ Province _____
Country _____ Federation of the Country _____
Federation of the province/region _____
E-mail _____ Phone number _____
DAN _____ Date of black-belt, _____ Number of registration of black-belt _____
Homologated club candidate belongs to _____

Bank account of the: ES97 2038 9003 7160 0045 9478

Request to be registered in the **COURSE/SEMINARY of KENDO**, to be held in Tenerife from 02 to 05 August 2018.

In addition, I will declare all the requirements required to carry out EVENT, committing myself to PRESENT all the necessary documentation for the correct processing of the file before the end of the term established by the FCJYDA.

In the same way that I undertake to comply with and comply with the regulations and rules established by the organization of the courses.

Likewise, I declare that the undersigned applicant (or **legal representatives** in case of minor, will sign the **AUTIRIZATION of the annex-2**) declares under his responsibility that he is physically and psychologically fit for the realization of the **TRAINING ACTIVITY event and / or SPORTS in which you register**.

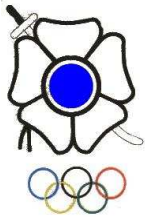
Hereby the parents, guardians and athletes authorize the Canary Federation of Judo and DA, to the recording, the realization of photographs, publication and / or diffusion of the image and / or name of their children, or their own in any media (press, television, Internet, etc.) of the event that I present myself with purely sport-federative purposes.

I acknowledge that I have read and understood all the points stated in this registration form and other documents that inform and support this event, stating that I accept the rules and regulations that protect this activity.

In _____, at _____ of _____
2018.

The interested

Consent:



Federación Canaria de Judo y D.A.

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THE PRESIDENT OF THE FEDERATION of the country to which he belongs _____.
(For applicants from other countries) (All applicants must meet the requirements of the KENDO Federations of their countries of origin and the European Federation of KENDO)

ANNEX-2

For applicants **MINOR OF AGE**, it is **COMPULSORY** to complete this authorization

AUTORIZACIÓN DE PARTICIPACIÓN

Mr. / Ms. (parents / guardians) _____
Date of birth _____, I.D. NUMBER/PASSPORT _____
With address at C / _____
City _____ P.C. _____ Province/REGION _____
Email _____ Mobile _____

As a parent / guardian of Mr. / Ms. _____

with I.D. NUMBER _____ PASSPORT _____

I authorize my son / daughter / minor, to participate in the EVENT, convened by the Canary Federation of Judo and D.A., to celebrate between 02 to 05 August 2018, within the field of the Canarian Federation and D.A.

I acknowledge having read and understood all the points stated on the registration form and other documents that inform and support this event, stating that I accept the rules and regulations that protect this activity.

In _____, at _____ of _____ 2018.

Signed. _____
(Name and surname of the parent / guardian who signs)