



***Summer Camp***

***for***

***Young Adults***

***June 23-27, 2008***

## *General Information*

*Aikido is a non-violent and non-competitive martial art. Its movements reflect mediation rather than conflict. It relies on balance and timing rather than strength. Students practice cooperatively with a partner. Practice teaches discipline, focus, balance, self confidence and provides a framework for teaching leadership skills.*

*Get an introduction to aikido! Camp is a wonderful way to expose teens to aikido without a long commitment. We welcome any young adult entering sixth grade through twelfth grade in the autumn. Students from other aikido dojo are welcome.*

*Camp is Monday through Friday from 9:00A to 3:00P. You may not register for half days, and priority is given to students registering for the entire session. The one week session is \$225. Camp is limited to 16 participants. We ask for a \$50 deposit to hold a space for you. The balance of payment is due June 1. We reserve the right to cancel Teen Camp based on registration numbers, up to one week prior to the start of camp. All classes are held at the Seattle School of Aikido, located at 3422 NE 55<sup>th</sup> St. in Seattle.*

*Camp is taught by Martha Levenson, Chief Instructor, AikiKids and One World Aikido at Magnuson. Martha is a fourth degree black belt in aikido who is recognized for her work teaching aikido to children.*

*To register, complete the attached registration form. Mail it with your \$50 deposit (checks payable to Martha Levenson) to Aikikids, c/o Martha Levenson, 2339 NE 128<sup>th</sup> St., Seattle, WA 98125. If you have questions, please refer to our website at [www.oneworldaikido.com](http://www.oneworldaikido.com), or call 206-794-0656.*

## *Registration for Teen Camp*

*Student's Name:* \_\_\_\_\_

*Parent's Name(s):* \_\_\_\_\_

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

*City, State, Zip:* \_\_\_\_\_

*Home Phone:* \_\_\_\_\_ *Day/Cell Phone:* \_\_\_\_\_

*Grade entering:* \_\_\_\_\_ *Previous experience?* \_\_\_\_\_

\_\_\_\_\_  
*Emergency Contact: (name and phone number):*

\_\_\_\_\_  
*Does the student have physical limitations or allergies of which we should be aware?* \_\_\_\_\_

\_\_\_\_\_  
*Please detach this form. The form and your deposit check (\$50) made payable to Martha Levenson should be mailed to: AikiKids, c/o Martha Levenson, 2339 NE 128<sup>th</sup> St., Seattle, WA 98125.*