BKX PROGRAM
ビーケクス プログラム

APPLICATION FORM

Please complete the below Application Form giving as much detail as you can, then return the form, via email, to *info@bkxprogram.co.uk*

Date of Application:

1st Choice location:	2nd Choice location:
Select	Select

YOUR PERSONAL DETAILS

First name:			Surname:
Date of birth:	Age:	Occupation:	University/College:
Home address:			
Email:			Tel:

YOUR KENDO DETAILS

BKA No:	EKF No:	Other budo:	
Kendo Grade: **Select**	Renshi/Kyoshi: Select	Coaching level: Select	Date achieved:
Are a club leader?: **Select**	Club:		
Club from:		Club leader name:	

PROPOSER DETAILS

First Proposer Name:		Kendo Grade: **Select**	Renshi/Kyoshi: Select	Coach Level: Select	Other budo
Dojo:	Where:		Email:		

Second Proposer Name:		Kendo Grade: **Select**	Renshi/Kyoshi: Select	Coach Level: Select	Other budo
Dojo:	Where:		Email:		

HEALTH DETAILS

Fitness Level: *(Please circle)* High ☐ Medium ☐ Low ☐	Medical issue:
What is your fitness regime:	Allergies:
Injuries:	
Any medication(s):	A medical exam and a physicians report may be required. ☐ YES
Previous health issues or on-going health problems *(heart, kidney, lungs, mental health, diabetes etc)*:	
Medical/Travel Insurance details. Level of cover:	Policy provider:
	Policy No:

Why do you think you are suitable for the exchange?:

What do you want to achieve from the exchange?:

Do you have any criminal convictions?:

Do you have any outstanding criminal convictions to declare?:

Do you speak Japanese?: ☐	Fluently: ☐	Conversation: ☐	None: ☐	Have you been to Japan before?:

Signature: Date:

You will be assessed by a number of National/Regional Coaches in order to assess your suitability for the Program, and we'll contact you regarding the location you will be travelling to. It is possible that you wont be chosen to attend your first chosen location, so your second choice will be looked at. If still not suitable, a different location may be offered instead, if you are suitable.
Therefore, it is recommended that you don't book flights or accommodation until your location has been confirmed. Should we require more information, we will contact you in due course.

The assessment period can take a few months, so please wait to be contacted.

BKA USE ONLY: DO NOT write here

Assessors	Where assessed	When	Comments
1.			
2.			
3.			

Lead Assessor	Suitability	Reason	**Recommended Location**

We'd like to keep your data on file. Please tick the box if you agree to this. ☐ YES

CODE OF CONDUCT

This Code of Conduct must be read carefully, **printed out and signed by hand** and returned to *info@bkxprogram.co.uk*

I am cultivating self-improvement following *kendo*, a traditional *budo* art of Japan.
I value the indomitable fighting spirit of my fellow practitioners and I wish to preserve the rigorous aspects of my chosen discipline.
I respect hierarchy based on experience, skill and age and I cherish and hold firm to the *reiho*.
I study the history of our *kendo* and how it developed from a path of death to a way of life. In *kendo* we refer to the life of Japanese feudal warriors with medieval values, while at the same time I am a modern British practitioner, with a contemporary sensitivity.

More specifically:

- Practicing a traditional art is a way to learn and teach with a respectful attitude towards everyone, hence I do not condone backward, prejudiced, offensive attitudes in the *dojo*.
- Training in a martial art helps the physical and spiritual development of all practitioners and, even if it was originated by male warriors, I do not condone discrimination or harassment against women.
- Honouring a fighting spirit enhances the energy in the practice within the rules of *keiko*, hence I do not condone violence in the *dojo* or bullying against any group.
- Respect for hierarchy is meant to create a positive environment for learning, hence I do not condone inappropriate behaviour of kodansha and teachers toward lower grades and students.

The Way of the Sword in 21st century Europe means:

- A safe environment for everyone to study my art
- Respect and inclusion for all, irrespective of age, sex, nationality or religion.
- The ability to grant the way to speak up safely against bad behaviours and being heard.

For these reasons, I and the British Kendo Association adopts a Code of Conduct, which complements the values promoted by the Way of the Sword and sanctions inappropriate behaviours and attitudes, from doping to harassment.

CODE OF CONDUCT

- Show respect and fair play to your opponents/partners
- Practice and compete within the rules of *kendo*
- Encourage, support and co-operate with *dojo*/club team-mates
- Respect Instructors, Teachers and Referees and accept their decisions
- Refuse the consumption of any prohibited substances

In order that I remain a valued and respected member of my *kendo* community,

I,

Signature

agree to abide by the British Kendo Association's Code of Conduct. ☐

Date

Check List for travel

- ☐ **Passport**
- ☐ **Travel Insurance**
- ☐ **Code of Conduct** – Signed
- ☐ **Activity Waiver Form** – Signed
- ☐ Check Government site for travel queries
- ☐ Covid face masks and plastic half-men shields
- ☐ Zori, flip-flops or similar
- ☐ Mineral tablets (SIS) for water during training
- ☐ Medical Reports or documents if required
- ☐ **NO** alcohol under the age of 20 years old
- ☐ Suitable and sufficient supply of medicines for the duration of your visit

KENDO WAIVER FORM

This Waiver Form must be read carefully, considered, then **printed out, completed, signed by hand** and returned to *info@bkxprogram.co.uk*

This ACTIVITY WAIVER FORM (this "Waiver") dated this day of 20

IN CONSIDERATION of being allowed to participate in the Activity and other good and valuable consideration, the receipt of which is hereby acknowledged,

I, of (the "Participant") agree with

The British Kendo Association/Named University (the "Activity Providers") to the following:

DETAILS OF ACTIVITY

1. The Participant will be participating in the following activity: **Kendo** (the "Activity") provided by The British Kendo Association/Named University (the "Activity Providers").

CONSIDERATION

2. Being of lawful age and in consideration of being permitted to participate in the Activity, the Participant releases and forever discharges the Activity Provider, the Activity Provider's spouse, heirs, executors, administrators, legal representatives, and assigns from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims, and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the Activity, except for personal injuries resulting from the negligence of the Activity Providers.

3. The Participant understands that the Participant would not be permitted to participate in the Activity unless the Participant signed this Waiver.

CONCURRENT RELEASE

4. The Participant acknowledges that this Waiver is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant by the Activity Providers, and with the intention of binding the Participant's spouse, heirs, executors, administrators, legal representatives, and assigns.

FITNESS TO PARTICIPATE

5. The Participant acknowledges to the Activity Providers that the Participant does not have any physical limitations, medical ailments, or physical or mental disabilities that would limit or prevent the Participant from participating in the Activity. If required, the Participant will obtain a medical examination and clearance.

FULL AND FINAL SETTLEMENT

6. The Participant acknowledges and agrees with the Activity Provider that: (1) the Activity Providers have given the Participant sufficient time to carefully read this Waiver; (2) the Participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Waiver; (3) the Participant fully understands the risks and claims that the Participant is waiving to participate in the Activity; (4) the Participant is freely and voluntarily executing this Waiver; and (5) the Participant is forever prevented from suing or otherwise claiming against the Activity Providers for any property loss, personal injury or death that the Participant may sustain while participating in, or preparing for the Activity, except for any personal injury arising from the negligence of the Activity Providers.

GOVERNING LAW

7. This Waiver will be governed by and construed in accordance with the laws of the Countries of England, Scotland and Japan.

EMERGENCY CONTACT

8. Name: Phone:

In WITNESS WHEREOF the Participant has duly affixed their signature, on this day of 20

Signature (Participant):

Signature (Witness):

Print name: