### 2018 Chito-Ryu Karate-Do National Tournament

# Hosted by Blue Mountains Karate **Sunday 30<sup>th</sup> September 2018**

Katoomba Sports and Aquatic Centre- Catalina Ave, Katoomba Registration: From 8.15am Competition starts: 9.00am

### **COMPETITION ENTRY FORM**

First Name	Surname				
Age (as at 30/9/2018)	Date of Birth Gender:	Male /Female			
Pnone	Mobile Email	••••••			
Belt Colour (Rank)	Dojo:				
Only if entering KUMITE (sparring) Heightkg					
YOU MUST SIGN THE TOURNAMENT DISCLAIMER TO PARTICIPATE					
Reference payme	ent with "SURNAME-Dojo-Tourn" and email receipt to <a href="mailto:info@karatensw">info@karatensw</a> (Price includes entry to all relevant divisions in the event)  I entry forms and payment to your Sensei by Friday 14th Septem	ber, 2018			
·	you would like to participate in.				
Event	Description	Yes or No			
Little Dragons	<b>Skills &amp; Techniques</b> (must be in the LD class & aged between 4-8yrs)				
Little Dragons	Physical Challenge (must be in the LD class & aged between 4-8yrs)				
Kata		Set sequence of karate techniques			
		(e.g. Kihon Dosa Ichi. Divisions based on age and rank)			
Kumite	Sparring (Divisions based on gender, age, grade, height, weight)				
Kobudo	*Mandatory equipment required  Bo (Weapons)				
	Contraction (Medical Contraction)				
Team Kata	Enter team members and team name if known:				
Teams of 3 people  Divisions - Beginner, Intermediate and Advanced	Team name:				
CAN YOU HELP? Volunteers are always need Parents and Students: Volunteer Name/s Contact Number/s	ded to ensure things run smoothly.				

PLEASE NOTE: This is a not for profit tournament. All proceeds go towards the tournament expenses.

### YOU MUST SIGN THE TOURNAMENT DISCLAIMER TO PARTICIPATE

Blue Mountains Chito-Ryu Karate Association

## Tournament Disclaimer

#### YOU MUST SIGN THE FORM BELOW TO VALIDATE YOUR ENTRY

### **DISCLAIMER**

- 1. I acknowledge that I have read the definitions below.
- 2. I hereby acknowledge that my entry and participation in the martial arts tournament carries with it a significant risk of personal injury.
- 3. Therefore, I for myself and my Releasors herby relinquish, release and/or waive any action against the releasees for any personal injury sustained by me arising out of and/or in the course of the competition.
- 4. In addition, in the event of action being commence, I for myself and the Releasors herby indemnify the Releasees against any cost and damages arising from or connected therewith.

### **DEFINITIONS**

mouth guard

Relationship:

- a. "Personal Injury" has its ordinary English meaning and includes any injury for which a person might be awarded General Damages and/or Special Damages at Common Law.
- b. "The Releasors" means my family, dependents, heirs, executors and/or assigns and any person or persons claiming through them.
- c. The "Releasees" means the management committee, officials and instructors of the International Chito-Ryu Karate-do Federation of Australia Inc and/or any person(s) jointly and/or severally involved in the conduct of the activities of the International Chito-Ryu Karate Federation of Australia Inc and its branch associations.
- d. "Any action" means any claim, right and/or cause of action for damages at Common Law or pursuant to any statute.

PARENT/GUARDIAN NAME (PLEASE PRINT)

I have read the above disclaimer and definitions, understand them, have filled in the form correctly and honestly and hereby sign below.

### All competitors will compete in bogu and head gear for kumite events – supplied at tournament

gloves shin & instep protectors

(No head gear to be worn for juniors 13 yrs & under. Juniors can score with controlled, non-contact techniques aimed to the head)

\*MANDATORY EQUIPMENT You must provide your own personal protective equipment for kumite:

<b>Emergency Contact Details</b>		
Name/s:		

groin guards (male)

Phone 2:

**Adult Supervision** All children under 16 years of age must have adult supervision at the tournament when they are not competing. If the competitor is under 16 years of age, please nominate the adult who will be providing supervision below.

Name:	Relationship:	Phone: