



KYOKUSHIN KARATE SUTHERLAND



TOURNAMENT ENTRY FORM

PERSONAL DETAILS (Please fill in all the details clearly and accurately).

FAMILY NAME: _____ GIVEN NAME: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

AGE: _____ GRADE: _____ YEARS TRAINING: _____

DOJO: _____ INSTRUCTOR: _____

HEIGHT: _____ CM WEIGHT: _____ KGS

Have you ever fought in a full - contact tournament before? _____ If yes, please give the following details below - year, event, placings etc.

Please note: The divisions will be determined by the entries received. Every effort will be made to match fighters on weight, grade, age, experience etc. Depending on the number of entries received, matches may take the form of: Elimination Bouts, Round Robin or One-Match Challenges.

Please mark an X in the division you will be entering.

MALE	
7 years & under	
8-9 years	
10-11 years	
12-13 years	

FEMALE	
7 years & under	
8-9 years	
10-11 years	
12-13 years	

DECLARATION

- I, the undersigned, hereby accept full responsibility for my safety and personal possessions and release the organisers of the tournament, their proprietors, servants, agents, employees, other competitors and volunteers from all and any liability to the maximum extent permitted by law for all and any injury, damage, cost (medical or other), accident, loss or suffering occasioned by me or my property as a result of my participation in this tournament, from any liabilities.
- I acknowledge that I will be involved in bodily contact and understand the risk of competition and I hereby attest and verify that I have no disabilities that may restrict my participation or ability to take part in the tournament.
- I understand that in the event of injury, accident or illness whilst involved in the tournament, any medical treatment provided will be of first aid type only.
- I hereby consent to accept and to abide by, the rules and resolutions of the tournament, and understand that some divisions may be combined or sub-divided further, depending on the number of entries.
- I hereby attest that the information given in this application is true and correct to the best of my knowledge.

Signature of the Applicant _____ Date _____
(By parent if applicant under 18 years of age)

DEADLINE: Entries, with payment, must be received by Joy Cujic by Wednesday 20th July 2016. No late entries will be accepted.