TIMARU KYOKUSHIN KARATE
SEMI CONTACT TOURNAMENT 2012
ENTRY FORM

NAME:_____GRADE:_____CLUB:_____

(PLEASE PRINT CLEARLY)

HOME ADDRESS:_____

_____PHONE No:_____ SEX: M / F

DATE OR BIRTH:_____AGE:_____HEIGHT:_____WEIGHT:_____

NO OF YEARS PRACTISED:_____INSTRUCTORS NAME:_____

CIRCLE CLEARLY THE DIVISION YOU WISH TO ENTER:

JUNIOR BOYS: 6 - 7 YRS 8 – 9 YRS 10 – 11 YRS 12 – 13 YRS 14 – 15 YRS

JUNIOR GIRLS: 6 - 7 YRS 8 – 9 YRS 10 – 11 YRS 12 – 13 YRS 14 – 15 YRS

COLTS BOYS (16 – 18 YRS) SENIOR MEN

COLTS GIRLS (16 – 18 YRS) SENIOR WOMEN

KATA: SENIOR (over 18 years) JUNIOR (up to 18 years)

ALL DIVISIONS ARE SUBJECT TO ENTRY NUMBERS AND A STUDENTS WEIGHT, HEIGHT AND BELT WILL BE TAKEN INTO CONSIDERATION.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the 2012 Timaru Semi Contact Kyokushin Karate Tournament and do herby assume full responsibility for any and all damages, bodily injuries, or losses of any kind and description, that I may sustain or incur, if any, while attending or participating, and I hereby waive all claims and forever release and/or hold harmless the New Zealand Kyokushinkaikan Karate Organisation Incorporated also the Timaru Kyokushin Karate Club, the promoters, participants, officials, and sponsors of said Martial Arts Tournament individually or otherwise, for any claim of injuries that I may sustain as a result of said tournament.

IF UNDER 18 YEARS OF AGE, THIS RELEASE AND CONSENT ARE TO BE SIGNED ALSO BY PARENT OR GUARDIAN.

Signature of Competitor Signature of Parent or Guardian