



AUSTRALIAN KYOKUSHIN KARATE NSW STATE TITLES ROSEBAY RSL CLUB



Corner Vickery Ave & New South Head Road Rosebay
Doors open 10am / Tournament commencing 10:30am
Sunday 17th May 2015

COMPETITORS DETAILS

PLEASE PRINT CLEARLY IN BLOCK LETTERS & COMPLETE ALL AREAS

First Name: _____ Surname: _____
 Address: _____
 City & State: _____ Postcode: _____ Phone: _____
 Email: _____ Dojo: _____
 Instructor Name: _____ Instructor Phone: _____
 Male/Female Age: _____ DOB: ____/____/____ Kyu Grade: _____ Height: _____ cm Weight: _____ kg
 (Circle)

DIVISIONS (Please circle correct division)

White Belt to 9 th Kyu Beginner	8 th Kyu to 6 th Kyu Intermediate	5 th Kyu to 3 rd Kyu Advanced	2 nd Kyu & Above Open
---	--	--	-------------------------------------

Points Non - Contact	Kata / Forms	Full Contact	Extreme Team Demo	Sumo Under 13yrs	Sword Fight Under 13yrs
-------------------------	--------------	--------------	----------------------	---------------------	----------------------------

\$70 – 1 EVENT / \$10 PER EVENT THEREAFTER

CONDITIONS OF ENTRY

SIGNATURES REQUIRED BELOW

I, the undersigned, hereby release Power Karate and Australian Kyokushin Federation, promoters and anyone connected in any way with these Championships from any liability in connection with this tournament of any injuries which could be sustained by participation in such. I assume all responsibility for any and all damages, injuries, and losses that may be sustained or incurred while attending or participating in this tournament. I understand any medical treatment will be of First Aid only and a thorough medical check will need to be done at my own expense and time. I declare all information on this form is true and correct; any misrepresentation will lead to a disqualification without any refund. Divisions could be merged or cancelled, no refunds. Images and photos of me taken at the tournament may be used for promotional purposes, without compensation to me. I have read and understood the conditions of entry, and I have read and understood the rules and regulations, and I agree and accept them totally.

Parent / Guardian Name: _____ Signature: _____

PAYMENT & RETURN FORM DETAILS

Please return all forms and payments to your Dojo Instructor

Closing Date Friday 1st May 2015

STATE TSHIRT ORDER \$20

CHILDREN'S SIZE: _____

ADULTS SIZE: _____

PLEASE COMPLETE THIS FORM CLEARLY AND CORRECTLY TO THE BEST OF YOUR ABILITY
SPECTATOR ENTRY FEE: ADULTS \$20 / CHILDREN UNDER 16YRS \$15