

International Federation of Karate Kyokushinkai Australia Inc

PRESENTS

ABN 48 811 351 579

The 13th IFKKA Australian Open Championships

Continuous "Clicker Kumite" Sparring – Individual & Teams

Roppon Shobu Kumite "Points Sparring" – Individual & Teams

Full Contact Individual

Sunday 18th September 2016

CHECK-IN TIME FOR

POINT & CLICKER SPARRING: 9:15 am

Tournament starts 10:00 am



The National Centre of Indigenous Excellence,
180 George St Redfern

FULL CONTACT ONLY COMPETITORS CHECK-IN at 1PM

Book online use www.trybooking.com

<https://www.trybooking.com/MHBS> OR <https://www.trybooking.com/215688>



<http://www.ifk-australia.com/downloads#rules>

SPECTATOR ENTRY FEES

ADULTS (12 yrs and up) \$10

CHILDREN (11 and under) Free

Book with www.trybooking.com

ENQUIRIES

Shaharin Yussof - 0414 777 251

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<http://www.ifk-australia.com>



International Federation of Karate Kyokushinkai Australia Inc
The 13th IFKKA Australian Open Championships
 Sunday 18th September 2016



First Name:		Surname:	
Address :		Post code :	
Telephone :	Email :		

Parent or guardian's email preferred if competitor is under 14yrs

Date of birth :	/ / (d/m/y)	Age :	yrs	Kyu Grade :
<i>Age: For age based events / divisions, the age of the participant will be as is on the day of the event.</i>				
Dojo:				
Organisation:				
Instructor's Name:		Instructor's Contact Phone:		
Gender :	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Height:	Weight:

To assist with the draw allocations, please enter height & weight

EVENTS

Tick the events you wish to enter

Individual	Roppon Kumite Point Sparring <input type="checkbox"/>	Continuous "Clicker Kumite" Sparring <input type="checkbox"/>	Full Contact <input type="checkbox"/>
Teams	Roppon Kumite Point Sparring (3 persons) <input type="checkbox"/>	Continuous "Clicker Kumite" Sparring (3 persons) <input type="checkbox"/>	

Point Sparring Team Names			
Clicker Team Names			

If you have indicated team entry for either / or both Roppon Kumite & Clicker Kumite and not submitted a team list, every effort will be made to ensure you are placed in teams for the events indicated. Should this not be possible **no** refunds will be issued due to failure of the organisers to provide teams for all entrants.

FULL CONTACT FIGHTERS

For Full Contact fighters, height & weight must be provided. Checks will be conducted on the day of the event. If there is a 5cm and/or 5kg difference to what is stated above, this may result in automatic disqualification.

For full contact fighters: Level of Experience for adults 18years and over (please mark/circle one)

Novice <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
0-24 months Training	25 – 48 Months Training	More than 48 Months Training
Have you ever competed in a full contact / knockdown karate tournament?		Yes / No Please circle
		If "Yes", how many?

- **Junior Fighters** minimum age and Grade of Junior Competitors is 11 years and 8th Kyu on the day of the event.
- **Cadet division 16 & 17years** will have separate Novice up to 7th Kyu and Open 6th Kyu and higher
- **Cadet and Adult competitors** MUST include a current Doctor's Certificate stating they are able to withstand the rigours of full contact Karate competition with their entry form. Entry forms without a current Doctor's Certificate will be rejected.

<p>Book online with www.trybooking.com</p> <p>ENTRY COST Up to 5 events : \$70 No late entries will be accepted.</p> <p style="text-align: center;">CLOSING DATE</p> <p>Entries must be received by Thursday 8th September 2016 midnight</p> <p>NO LATE ENTRIES WILL BE ACCEPTED</p>	<p>Book online with www.trybooking.com</p> <p>Cheques/Money Orders payable to IFKKA Inc. (Do NOT send cash by mail!!!)</p> <p>Bank Transfers Put your name(s) as reference.</p> <p>Account: IFKKA Inc BSB : 032 067 Account No: 237842</p>	<p>Book online with www.trybooking.com</p> <p>All entries to be posted to</p> <p>IFKKA Inc PO Box 242 Dulwich Hill NSW 2203</p> <p>Or emailed to: entries@IFK-Australia.com</p> <p>Don't forget to include your bank transfer statement if appropriate</p>
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SAFETY EQUIPMENT

For Clicker Kumite & Roppon Shobu Kumite the following equipment is required: *Compulsory:* Clean Dogi with appropriate club & organisation badges, mouth guard, groin guard (males), Shin & instep protectors & mitts as approved by the IFKKA and must be of the cloth type. Finger & toe nails should be clean and cut short.

Optional: Chest guards (females) - **Juniors under 8 years** all equipment except a mouth guard are optional.

For Full Contact Kumite the following equipment is required:

Shin-instep protectors must be of the cloth or other soft type. Hard, soccer-style protectors are not permitted.

Junior Division: clean dogi with appropriate badges, mouth guard, groin guard (males), protective head gear, shin-instep protectors, and mitts as approved by the IFKKA.

Cadet Division: clean dogi with appropriate badges, mouth guard, groin guard (males), protective head gear, and shin-instep protectors as approved by the IFKKA.

Novice adults: clean dogi with appropriate badges, mouth guard, groin guard (males), shin & instep protectors as approved by the IFKKA.

Adult Open and Intermediate adults: clean dogi with appropriate badges, mouth guard, groin guard (males)

Optional: Chest guards (females) but highly recommended, must be of separate cup type and must not cover the solar plexus.

Body Piercings: These are to be removed, If they are unable to be removed, it is the responsibility of competitor with piercings to ensure they are adequately covered with tape The student is to supply their own tape and it is to be of a type used for rigid sports strapping e.g. *Elastoplast Sport Rigid Strapping Tape*. This is to be inspected and final decision for inclusion in the event will be made by the event coordinator on the day.

Glasses: For Roppon Shobu and Clicker Kumite divisions, glasses/spectacles are not permitted to be worn unless they are of a safety sports standard. Contact lenses may be worn if the competitor chooses. For Full contact sparring only contact lenses may be worn.

CONDITIONS OF ENTRY

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the **13th IFKKA Australian Open Championships Sunday 18th September 2016**. As a condition of acceptance of my entry in the above event, for myself, my heirs, executors, and administrators, I do hereby waive all and any claims right of cause of action, which I or they might otherwise have arising out of any loss of life or injury, damage, or loss of any description whatsoever which I may suffer or sustain in the course of, or consequent upon, my entry in the said event.

If I am not already a member of the IFKKA Inc, I agree to become a member of the IFKKA Inc for the duration of the event stated on this entry form.

This waiver, release, and discharge shall and does operate separately in favour of all persons, corporations, and bodies involved or otherwise engaged in promoting or staging the event. I specifically agree not to sue the individuals or organisations referred to above, fully recognising that this covenant is part consideration for my being allowed to compete, and upon which the IFKKA Inc. relies in accepting my application. I consent that any reproductions of my likeness, created in any manner whatsoever, furnished by me or taken of me in connection with the tournament can be used for publicity, promotion, television showing, or instructions, and I waive any and all claim to compensation in regard thereto.

MEDICAL DECLARATION: By signing this, I hereby assume full and total responsibility for my safety and personal possessions and releases the tournament organisers, agents, sponsors and other competitors from any liability, for any injury or personal loss of any kind whatsoever. I understand any medical treatment will be of First Aid nature only and a thorough medical check will need to be done at my own expense and time if required. **NOTE: Adult Full Contact fighters must also submit a separate doctor's certificate.**

I declare all information on this form is true and correct, and that any misrepresentation will lead to a disqualification without refund. I understand also that divisions could be merged, split, or cancelled at the tournament organiser's discretion with no refunds. My signature on this application indicates that **I understand the risks associated with participating in this kind of karate tournament** and I have fully read, understood, and agree to the terms contained herein, and upon which I intend the promoters to rely.

CANCELLATION / WITHDRAWAL: A refund for withdrawing from this event will only be made if three (3) full business days notice prior to the commencement of the event is given. The amount refunded will be the amount paid, less any transaction and/or processing fees incurred by the IFKKA. No refund will be issued for a competitors non-attendance or failure of the organisers to provide teams for all entrants

.....
Signature (parent or guardian if under 18yrs)

.....
Date (Day/Month/Year)

.....
Print Name

TEAM INFORMATION

Junior 9years & under & up to 9 th kyu – mixed boys & girls	Cadets 16 & 17 years – up to and including 9 th kyu – mixed boys & girls
Junior 9 years & under – 8 th kyu and up – mixed boys & girls	Cadets 16 & 17 years – 8 th kyu & up – mixed boys & girls
Junior 10 to 15 yrs – up to and including 9 th kyu – mixed boys & girls	Adults – up to 7 th kyu mixed
Junior 10 to 15 yrs – 8 th kyu & up – mixed boys & girls	Adults – 6 th kyu & up mixed
Teams comprise 3 persons – incomplete teams result in that bout being forfeited. Competitors can only compete in 1 team per category.	

IFKKA Tournament Medical Form

(18 years and over)

I, Doctor

(Please Print Doctor's Name)

Have examined Mr / Ms

(Please Print Participant's Name)

and I certify that the person named above is able to withstand the rigours of full contact Karate competition.

Participant's Data:

Height cm

Weightkg

Doctor's signature:

..... Date :

Place Doctor's Practice stamp or details here.