



Please tick YES or NO to the following questions and statements.  
(If the answer is YES to any of these questions, please give details.)

Do you have any allergies? e.g. aspirin; antibiotics; foods?  YES  NO

Are you taking any form of medication at present?  YES  NO

If yes, please give details: \_\_\_\_\_

### DOCTOR'S DETAILS:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Other No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No: \_\_\_\_\_ Other No: \_\_\_\_\_

### PARENTS TO COMPLETE:

I confirm that my child will be attending the tournament with:

Parent / Guardian  Nominated Person: \_\_\_\_\_

### DECLARATION:

1. I am aware that participation in martial arts, including non-contact GKR Karate tournaments, as with most sports contains a risk of injury.
2. In consideration of my acceptance in the competition, I agree that GKR Karate, its servants and agents and all persons involved in the organisation of the tournament shall be excluded from liability for loss and damage to the fullest extent permitted by law. I accept that this includes exclusion of liability for negligence (other than for death or personal injury) and all indirect or consequential loss or loss of profits arising from my participation in the tournament.
3. Photography and filming. GKR Karate permits the photography and filming of competitors in tournaments. It is a condition for acceptance in the competition that the competitor consents to the occurrence of such photography and filming.
4. In the event of illness or injury, I agree to authorise members of staff attending/participating in the event to consent on my behalf for an anaesthetic to be administered or any other urgent medical treatment to be given on the advice of a qualified medical practitioner/qualified first-aid officer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please print): \_\_\_\_\_

### PAYMENT DETAILS:

Cash \$ \_\_\_\_\_  Credit Card \$ \_\_\_\_\_ (Please fill in details below)

<b>PLEASE CHARGE MY CARD</b>		<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Credit Card Number</b>		<b>Expiry Date</b>	<b>CVV</b>
Name on Card:	<input type="text"/>	Signature: <input type="text"/>	Amount: \$ <input type="text"/>





# GKR KARATE

KARATE FOR EVERYONE

## REGIONAL KUMITE TOURNAMENT ENTRY FORM

**ENTRY FEES: \$25 FIRST EVENT  
\$5 EACH SUBSEQUENT EVENT**

**ENTRY FEES: \$25 FIRST EVENT  
EPPING PRIME DOJO, 3/160 JERSEY DRIVE**

Name: \_\_\_\_\_ Age at time of competition: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Region: \_\_\_\_\_ Dojo: \_\_\_\_\_

Email: \_\_\_\_\_ Grade: \_\_\_\_\_

### AGE GROUPS

- Up to 7 yr Incl. Male & Female
- 8 to 10 yr Inc. Male & Female
- 11 -13 yr Incl. Male
- 11 -13 yr Incl. Female
- 14 - 17 yr Inc Male
- 14 - 17 yr Incl. Female
- 18 - 39 yr Incl. Male
- 18 - 39 yr Incl. Female
- 40 yrs + Male
- 40 yrs + Female

### KATA

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

### KUMITE TEAM EVENTS - TEAM OF 3

- Up to 7 yr Incl. Male & Female
- 8 to 11 yr Incl. Male & Female
- 12 to 15 yr Incl. Male
- 12 to 15 yr Incl. Female
- 16 years + Male
- 16 years + Female

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

• Team events are open to all grades 8th Kyu and above.

### TEAM DETAILS List your Team Members here:

1. _____
2. _____
3. _____

### GRADE DIVISIONS

- 8th to 7th Kyu
- 6th to 4th Kyu
- 3rd Kyu & Above

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<b>Fee Paid:</b>	_____
<b>Sensei Sign:</b>	_____
<b>Sensei Name:</b>	_____

**Please ensure that you have ticked only the boxes relevant to your events and that all of your information is filled out correctly.**

#### Protective Equipment is Compulsory for Kumite

Gloves (IGKF/WKF approved only), Shin Protectors & Mouth Guards must be worn by all competitors. Groin Guards for all male competitors are compulsory. Chest Guards are compulsory for all female competitors from 12 yrs+.



# REGIONAL KUMITE TOURNAMENT

Sunday the 18th of September  
Epping Prime Dojo  
3/160 Jersey Drive, Epping

**Doors Open 11:30am**  
**Competitor Bow In 12:00noon**

**Competitor Entry Fees:** \$25 first event  
\$5 each subsequent event  
**Spectators:** Adult \$5, Child \$3  
(Family Pass \$15)

**Closing date for entries: Thursday 15th of September**  
**(NO ENTRIES ACCEPTED AFTER THE ABOVE DATE)**

All fees are strictly non refundable

- Each competitor will fight three two minute bouts or to a maximum of three full points. The two minute duration will be continuous.
- The winner of each bout will receive one point. In addition to this, the total points scored by both the winner and the loser in each bout will be recorded and will form part of their running score/tally. The cumulative scores from the 3 bouts are added up for each competitor, and the top 3 scores are awarded medals.
- Team Kumite: Knock-out format ie: winning team moves on to the next round and the losing team bows out of the competition unless they are required to compete again in the event of establishing a third place.

### **Competitors Safety Equipment Is Compulsory For Kumite**

Gloves (IGKF/WKF approved only). Either red or blue is acceptable, except in Open divisions where competitors will require both colours.

Shin Protectors and Mouth Guards must be worn by all competitors. Groin Guards for all male competitors are compulsory. Chest Guards are compulsory for all female competitors from 12 yrs+.

- NB:**
1. Competitor to keep this page for tournament details.
  2. Competitor must hand in entry form along with fees to instructor.