

## COMPETITOR ENTRY FORM

If hand-writing this form please print in capital letters CLEARLY

## Personal, contact and karate Details

First name		Last name	
Email address		Grade	
City		Country	
Contact phone		Date of birth	
Martial art style		Age	
Dojo/club		Weight I will compete at	

## Tournament Division Details

Absolutely NO LENIENCY will be given for differences to the weight divisions listed. If your weight is not within the category selected on this entry form, you cannot compete in that division.

MENS OPEN	WOMENS OPEN	COLTS OPEN 16-17 years	Veterans Open 40 years
Division 1	Division 2	Division 3	Division 4
<i>Lightweight</i> <input type="checkbox"/>	<i>Lightweight</i> <input type="checkbox"/>	<i>Colts</i> <input type="checkbox"/>	MALE <input type="checkbox"/>
70kg and under	65 kg and under	MALE	
<i>Middleweight</i> <input type="checkbox"/>	<i>Heavyweight</i> <input type="checkbox"/>	<i>Colts</i> <input type="checkbox"/>	FEMALE <input type="checkbox"/>
70.01 kg – 85kg	65.01 kg and over	FEMALE	
<i>Heavyweight</i> <input type="checkbox"/>		Colts must have consent form signed by parent or guardian.	
85.01 kg and over			

## ENTRY FEE \$70.00 NZ

The entry fee is non-refundable, must accompany this entry form, received no later than **20<sup>th</sup> July 2018**.

Cheques made payable (in \$NZ) to: Mas Oyama Kyokushin Karate Dojo Christchurch Charitable Trust with competitor details on the back of the cheque OR direct debit with competitor name as reference: 12 3441 0034576 50 ASB

Scanned entries are preferred, email to Sensei Mark Webster at [sensei@websterdojo.co.nz](mailto:sensei@websterdojo.co.nz) OR post to 27 Shands Road, Hornby, Christchurch 8042, New Zealand.

## Consent/declaration agreement

In participating in the Mas Oyama Kyokushin New Zealand Open Full Contact Karate Tournament 2018, I am aware of and understand the risk of harm, including personal injury or death, damage to property or economic loss that may be incurred.

I am aware that competitive karate is a dangerous sport that involves significant risk of physical harm.

In signing this declaration statement I agree to the rules and regulations of the tournament and comply with all directions that may be given to me by the tournament organisers, their agents, volunteers and contractors with respect to my participation in this tournament.

Further-more I waive and release the tournament organisers, agents, volunteers, contractors, of all liability in the event of any personal injury, death, damage to property or economic loss that may arise as a result of my participation in this tournament.

I understand that the tournament organisers, agents, volunteers, contractors will not be liable for the cost of treatment for any injuries that I may sustain as a result of my participation in this tournament.

I am aware that any medical treatment I receive at the tournament will be of First Aid level only.

Signature (adult participant)	
Parent or Guardian name	
Parent or Guardian signature	