COMPETITOR ENTRY FORM

Name			
Age		**Dojo/Club**	
Gender		**Instructor**	
Karate Style		**Style Rank**	

DIVISIONS

I wish to enter the following:
Tournament: CAPE TOWN TIGERS LEAGUE
Date: 25 OCTOBER 2025 **Venue:** MATIES GYMNASIUM TYGERBERG, PAROW

Tick appropriate box

Kata		Kumite	
Team Kata		Team Kumite	
Kobudo			

Entry Fees Per Division

For first two (2) divisions	**R300**
Additional division	**R100**
Team member per team division – team kata / kumite	**R50**

Indemnity and Release Clause

I, the undersigned, do hereby voluntary submit my application for attendance and participation and do hereby assume full responsibility for all damages, injuries, or losses that I may incur, if any, while attending or participating. I hereby waive all claims against the promotors, sponsors, New World Shotokan Karate and their affiliates of the said tournament individually or otherwise, for any damages, injuries or losses that may sustain or incur. I fully understand that any medical treatment given to me will be by the appointed first aider only. I consent that any pictures furnished by me, or any pictures taken of me in connection with this tournament can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto. I have read and fully understand the above waiver (if under 18, this form must be signed by a parent or guardian). I hereby agree and verify that I am medically fit and able to participate at the event and confirm that it is my own responsibility to inform my Instructor / Team Manager of any illness or injury that I may have and that will affect my health or the safety of my fellow competitors.

_____ _____ _____

(Signature of Competitor) (Signature of Parent/Guardian if under 18yrs) (Date)