



COMPETITOR ENTRY FORM

Name*			
Date of Birth* (dd/mm/yy)		Dojo/Club*	
Gender*		Instructor	
Karate Style (1)*		Style 1 Rank*	
Kobudo Style (2)		Style 2 Rank	
Contact No*		Email*	

*MUST BE FILLED IN

DIVISIONS

I wish to enter the following:

Tournament: **CAPE COBRA LEAGUE**

Date: 13 September 2025

Venue: DF Malan High School, Bellville, Cape Town

Tick appropriate boxes:

Kata (Individual)	<input type="checkbox"/>	Shobu Nihon Kumite (12yrs and under)	<input type="checkbox"/>
Team Kata – Unison/M/F	<input type="checkbox"/>	Shobu Sanbon Kumite (13yrs and older)	<input type="checkbox"/>
Kobudo – Long Weapon	<input type="checkbox"/>	Rotation Nihon Team Kumite (12yrs and under)	<input type="checkbox"/>
Kobudo – Short Weapon	<input type="checkbox"/>	Rotation Sanbon Kumite (13yrs and older)	<input type="checkbox"/>

Indemnity and Release Clause

I, the undersigned, hereby voluntarily submit my application for attendance and participation. I assume full responsibility for any damages, injuries, or losses that I may incur while attending or participating in the event. I hereby waive all claims against the organisers, promoters, sponsors, Brackenfell Shotokan Karate Academy (BSKA), United Shotokan-Ryu (USR), and their affiliates of the said tournament, individually or otherwise, for any damages, injuries, or losses that I may sustain or incur. I fully understand that any medical treatment given to me will be administered by the appointed first aider only. I consent that any pictures/video furnished by me, or any pictures/video footage taken of me in connection with this tournament, can be used for publicity, promotion, livestreaming to social media platforms or television showing now or in the future, and I waive compensation in regard thereto. I agree and verify that I am medically fit and able to participate in the event and confirm that it is my own responsibility to inform my Instructor/Coach/Team Manager of any illness or injury that may affect my health or the safety of my fellow competitors. Furthermore, I hereby confirm that I have granted my Instructor/Coach/Team Manager permission to agree on my behalf to the terms and conditions of the online waiver/indemnity form which must be completed as part of my online registration on the Kihapp Tournament Software Management System, and that I am familiar with and understand its contents.

I have read and fully understand the above waiver (if under 18, this form must be signed by a parent or guardian).

(Signature of Competitor)

(Signature of Parent/Guardian if under 18yrs)

(Date)