



# COMPETITOR ENTRY FORM



Name*			
Date of Birth*		Federation/dojo*	
Gender*		Instructor	
Karate Style *		Karate Style Rank (Belt)*	
Kobudo Style		Kobudo Style Rank (Belt)	

*\*MUST BE FILLED IN*

## CATEGORIES

I wish to enter the following:

Championship: **2025 OKINWAN CLASSIC SERIES**

Date: 23<sup>rd</sup> August 2025

Venue: Fairview Sports Centre, Willow Rd, Fairview, Gqeberha

*Available categories highlighted in green. Tick appropriate box*

Individual Kata	<input checked="" type="checkbox"/>	Shobu Nihon Kumite (12yrs and under)	<input checked="" type="checkbox"/>
Team Kata – Combined/M/F	<input type="checkbox"/>	Shobu Sanbon Kumite (13yrs and older)	<input checked="" type="checkbox"/>
Inclusive Kata	<input type="checkbox"/>	Shobu Ippon Kumite (13yrs and older)	<input type="checkbox"/>
Kobudo – Long Weapon	<input checked="" type="checkbox"/>	Rotation Nihon Team Kumite (12yrs and under)	<input type="checkbox"/>
Kobudo – Short Weapon	<input checked="" type="checkbox"/>	Rotation Sanbon Team Kumite (13yrs and older)	<input type="checkbox"/>
Inclusive Combat (Kihon) basic	<input type="checkbox"/>	Rotation Ippon Team Kumite (21 – 35yrs only)	<input type="checkbox"/>
Inclusive Combat (Chukyu) intermediate	<input type="checkbox"/>	Inclusive Combat (Kodo) advanced	<input type="checkbox"/>

## Indemnity and Release Clause

I, the undersigned, do hereby voluntarily 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 promoters, sponsors, United S & K Karate dojo, Shorin Ryu South Africa, and their affiliates of the said championship, 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 by the appointed first aider only. I consent that any pictures furnished by me, or any pictures/video footage taken of me in connection with this championship, 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 hereby 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/Team Manager of any illness or injury that I may have and that will affect my health or the safety of my fellow competitors. Furthermore, I hereby confirm that I have granted my Instructor/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)