



# COMPETITOR ENTRY FORM

Name*			
Date of Birth*		Dojo/Club*	
Gender*		Instructor	
Karate Style (1)*		Karate Style 1 Rank (Belt)*	
Kobudo Style (2)		Style 2 Rank (Belt)	

\*MUST BE FILLED IN

## DIVISIONS

I wish to enter the following:

Tournament: **CAPE TOWN ALL STYLES INVITATIONAL CHAMPIONSHIP**

Date: 24<sup>th</sup> of June 2023 Venue: Maties Gymnasium (Sports hall) Tygerberg, Tygerberg Hospital

**Tick appropriate box**

Kata		Shobu Nihon Kumite (12yrs and under)	
Team Kata – Unison/M/F		Shobu Ippon Kumite (13yrs and older)	
Kobudo – Long Weapon		Shobu Sanbon Kumite (13yrs and older)	
Kobudo – Short Weapon		Rotation Team Kumite	

**Entry Fees Per Division**

For first two (2) divisions	<b>R250</b>
Third or more additional per division	<b>R100</b>
Team member per team division	<b>R50</b>

## 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 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 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)