



## COMPETITOR ENTRY FORM

Name of Competitor			
Age		Dojo/Club	
Gender		Instructor	
Style Rank		Karate Style	

### DIVISIONS

I wish to enter the following:

Tournament: Western Cape MASA-WUKF SA Provincial Championship  
Date: 14 March 2026 Venue: Tygerberg Gymnasium, Tygerberg, Parow

*Tick appropriate box*

Kata	<input type="checkbox"/>	Kumite	<input type="checkbox"/>
Team Kata	<input type="checkbox"/>	Team Kumite	<input type="checkbox"/>
Kobudo	<input type="checkbox"/>	Ippon Kumite	<input type="checkbox"/>

*Entry Fees Per Division*

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

### Indemnity and Release Clause

I the undersigned, understand that there are risks associated with a tournament like this and that the possible effects of these risks can range from minor injuries to severe injuries. I hereby voluntary submit my / my minor child's application for attendance and participation in the above tournament and do hereby assume full responsibility for all damages, injuries, or losses that I / my minor child may incur, if any, while attending or participating.

I hereby waive all claims against the promotors, sponsors, New World Shotokan Karate, WUKF South Africa, and their affiliates, of the said tournament individually or otherwise, for any damages, injuries or losses, howsoever that I / my minor child may sustain or incur during the tournament. I fully understand that any medical treatment given to me will be by the appointed first aider only.

I understand and hereby confirm that the ambulances services booked for this event are strictly for the participants and/or officials injured while participating in the actual events on the day of the tournament.

I further declare that I / my minor child, is fit and healthy to enter and participate in this tournament. I understand and confirm that I must and will notify the instructors, coaches and officials on the relevant tatami of any illness, injury or medical conditions, (i.e., diabetes, asthma, etc.) that I / my minor child may have. I understand that I must have the required medication on hand at the tournament in case of an emergency.

I consent that any pictures furnished by me, or any pictures taken of me / my minor child 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).

\_\_\_\_\_  
(Signature of Competitor if over 18yrs)

\_\_\_\_\_  
Name of Competitor

\_\_\_\_\_  
(Signature of Parent/Guardian if under 18yrs)

\_\_\_\_\_  
Name of Parent / Guardian