COMPETITOR ENTRY FORM

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

**MUST BE FILLED IN*

DIVISIONS

I wish to enter the following:

Tournament: **CAPE TOWN ALL STYLES SCHOOL SPORT KARATE & KOBUDO LEAGUE (PRIMARY & HIGH SCHOOL)**

Date: 25 JULY 2026 **Venue:** Protea Heights Academy

Tick appropriate boxes:

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

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 host, organisers, promoters, sponsors, Government Departments, MASA, WUKF SA, 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)