



COMPETITOR ENTRY FORM

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

DIVISIONS

I wish to enter the following:

Tournament: Boland Dragons League

Date: 28 Feb 2026

Venue: Hugo Rust Primary School, Wellington

Tick appropriate box

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

Entry Fees Per Division

For first two (2) divisions	R300
Third or more additional per division	R100
Team member per team division	R50

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, Boland Dragons Karate Dojo, Shorin-ryu Shorinkan South Africa 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)