

2014 KENTUCKY KARATE DISTRICT CHAMPIONSHIP

WHEN: Saturday, May 10, 2014

WHERE: Conner Middle School
3300 Cougar Path
Hebron, KY 41048

EVENTS: **KATA KUMITE KOBUDO**

FEES: **When received by May 9, 2014:**
Individual - \$55
2+ Family members, same household - \$50 each



LATE REGISTRATION AT THE DOOR IS \$10 EXTRA, PER PERSON

This event is sanctioned by the Amateur Athletic Union of the U. S., Inc.

- All participants must have a current 2014 AAU membership.
- AAU membership IS NOT included as part of the entry fee to the event.
- AAU Youth Athlete membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connection. **BE PREPARED: Adult and Non Athlete memberships are no longer instant and cannot be applied for at event. Please allow 10 days for membership to be processed.**
- Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership.

DIVISIONS: Age 5 – Beginner only
Age 6 – Beginner/Novice only
Age 7 – Beginner/Novice/Intermediate only
Age 8-18 and all adults – Beginner/Novice/Intermediate/Advanced

MANDATORY EQUIPMENT: All youth must wear helmets (up to age 18).
All competitors must wear:
- **White gi only, mouth guard, white approved hand pads, cups (males)**
- AAU Karate Patch (limited amount available for purchase at tournament)
- No jewelry or headbands.

Optional: white cloth shin guards (adults), white cloth shin/instep guard (youth); white chest protectors (worn under gi only)

IMPORTANT: Beginners wear white belts; Novices wear green belts, Intermediates wear brown belts; Advanced wear black belts.

SCHEDULE TIME: Volunteer Check-in: 8:00 am
Begin Competitor Check-in: 8:30 am (**must check in 1 hour in prior to start time**)
Black Belt meeting: 9:15am
Advanced Divisions (all ages) start time – 9:30 am
Beginner Division (all ages) - earliest start time – 10:30 am
Novice Divisions (all ages) - earliest start time – 11:30 am
Intermediate divisions (all ages) – earliest start time – 12:30 pm
*Athletes who are not in their rings after being called 3 times will be disqualified.

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PLEASE PRINT!!!!

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Email: _____

Dojo Name & Phone: _____ Sensei's name: _____

Birth date: ____/____/____ Sex: Male Female Ht. ____ Ft. ____ In Weight ____ lbs

Age as of July 1, 2014

5-6 7-8 9-10 11-12 13-14 15-16 17-18 19-34 34+ 44+

2014 AAU #: _____ **(MUST SEND A COPY OF CARD)**

Events: Please circle ALL events in which you intend to compete: **KATA KOBUDO KUMITE**

Karate Experience: (see 'note' below for details)

Beginner* (<1yr.) Novice* (1 to<2 yrs.) Intermediate* (2 to<4 yrs) Advanced (4+ yrs)

Note:

Age 5–Beginner only Age 6–Beginner/Novice only Age 7–Beginner/Novice/Intermediate only
Ages 8-18, AND ALL ADULTS, Beginner/Novice/Intermediate/Advanced

***Absolutely no Brown Belts in Beginner/novice divisions;**

***Absolutely no Black Belts in Beg./Nov./Int. Divisions**

*******Important** -- Please complete the enclosed Medical Information and Release Forms*****

FEE: Individual \$55 Two or more family members \$50 each

Registration at the door will be \$10 extra per person!!

**Please make checks payable to: The Master's Martial Arts Academy, Inc

Mail Medical form, Release form, fees, and Tournament Application to:

The Master's Martial Arts Academy, Inc
5785 Constitution Dr. Suite B
Florence, KY 41042
(Dojo) 859-282-0226

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Competitor Name (Print): _____

MEDICAL INFORMATION:

Note: This form is required before participation in the tournament.

_____ I have no medical problems

_____ I have medical problems, but I am able to compete.

Describe medical problem(s) or attach a doctor's note. _____

RELEASE AND INDEMNITY

In consideration of the acceptance of myself or my child to participate in the Kentucky State Karate Championships, I agree to assume all risks incidental to such participation (which risks may include, among other things, muscle injuries and broken bones) and, on my own behalf, and on behalf of my heirs, executors and administrators, release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs, or expenses of any nature arising out of or in any way connected with the participation of myself or my child in such activity, and further damages, costs, or expenses, including but not limited to attorney's, fees and disbursements. For this event, the released parties are The Master's Martial Arts Academy, Inc., Boone County High School, their parents related and affiliated companies, and the officers, directors, and employees, agents, volunteers and representatives, successors, and assigns of each of the foregoing entities. I understand that this release and indemnity agreement includes any claims based on negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by myself or my child, before, during, or after such participation. I declare that I and/or my child are physically fit and has the skill level required to participate in this particular event. I further authorize medical treatment for my child/myself at any cost, if the need arises. I further grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise, said rights herein granted.

(Signature of Competitor)

(Parent/Legal Guardian if under 18)

(date)

(date)