

BRITISH KARATE KYOKUSHINKAI

Cadet (Kyokushin Rules) Event

English Open Knockdown Tournament

Saturday 9th May 2015

St Josephs College, Upper Norwood, Beulah Hill
London SE19 3HL

INDIVIDUAL FIGHTERS ENTRY FORM

Fighting starts 10.00 hrs

WOMEN'S WEIGHT DIVISIONS

Category 1: Under 58 Kg
Category 2: 58 Kg and over

MEN'S WEIGHT DIVISIONS

Category 1 Lightweight: Under 68 Kg
Category 2 Middleweight: 68 Kg - under 78 Kg
Category 3 Heavyweight: Over 78 Kg

If, at the weigh in, any fighter fails to make the weight division they have been entered in - it will be at the discretion of the Tournament Organisers if the fighter will be *disqualified* from fighting on the day. It is recommended that competitors obtain personal accident insurance cover for the tournament.

Cadet: BKK

CADET FIGHTERS DETAILS

Family Name: _____ First Name: _____

Age: _____ Sex: Male/Female * Category: LW/MW/HW *

Dojo: _____ Licence No: _____ Grade: _____
*Note: * Delete as necessary*

Number of previous Cadet Tournamnets entered: _____

Cadet Fighters Knockdown Tournament History

(Placed Positions Only - most recent first)

	Date	Location	Tournament Title	Position
1				
2				

Please return Entry Form and Payment to: Jane Charman 6 High Street, Stansted Abbotts, Herts SG12 8AB.

by no later than 27th April 2015 . No late entries will be accepted

Note: Club Instructor must verify the details above by signing the form below - If this form is not verified by an instructor entry will not be permitted.

Entry Fee £10.00 per fighter (Cheques payable to British Karate Kyokushinkai) email: janecharman@yahoo.co.uk

Club Instructor/Operators Name and Address: _____

Dojo: _____ Tel: _____

I certify that the above entrant is over 16 but under 18 years of age and has been training for at least two years and has a current and up to date BKK License. Parent/Guardian to sign for authorising competitors entry into the Kyokushin Rules Tournament

X _____ X _____ Print name: _____

(Instructors Signature)

X _____ Print name: _____

(Fighters Signature)

Date: _____

X _____ Print name: _____

Parental Consent form

Parental consent is requested for **Cadet Kyokushin Rules Tournament**

.....
.....

I agree to(full name) taking part in this tournament and have read the information sheet(s).

Medical Information about participant

Are there any conditions requiring medical treatment or medication? Yes / No

If yes please give details

.....

Please outline any special dietary requirements

Please list any pain relief / flu symptom relief drugs that may be administered by the doctor.(e.g. paracetamol, aspirin, ibuprofen.

.....

What is their date of birth

A medical form will need to be completed and signed prior to the event – this will be sent out under separate cover

Contact Details:

Name of Parent or Legal Guardian

Home Address

.....

Home Telephone number Mobile telephone number

Alternative Telephone number Contact e-mail address

Family Doctor

Name Telephone number

Address

Declaration

I agree that medical and dental treatment may be given to my son or daughter if necessary, including the administration of general anaesthetic and / or blood transfusion and to surgical operations in the case of an emergency, as considered necessary by the medical authorities present. The BKK accepts no responsibility for accidents or injury to participants or for loss of or damage to personal effects, unless caused by the negligence of the BKK or any member of its staff. I understand that photographs may be taken of the event and I permit these photographs to be used in future advertising and promotion of the BKK. While this permission can be withdrawn at any time in the event of printed matter having been produced a recall and shredding will not be offered but the photograph will not be used in future publicity. Please cross out this paragraph if you do not agree to this clause.

I have received full information and agree to my child's participation in all outlined activities

Signed Dated.....

(to be signed by the legal parent or guardian of the participant)

Please return to:
Jane Charman
6 High Street,
Stansted Abbots.

