

Yoshukai Karate International Tournament



Saturday March 31th, 2012

James P. Gills Family YMCA
8411 Photonics Drive
New Port Richey, FL 34655
(727) 375-9622

Open to all YKI Members

Entry Fee: \$20.00 (all events)
Spectators: \$5.00 or \$10.00/Family

Registration opens: 11:00 AM
Competition begins: 12:00 PM

Divisions:
Children
Adults
Seniors

Events:
Kata
Team Kata
Weapons Kata
Kumite*



For more information, contact:
Mike Mendelson
mkmendelson@yoshukai.org
727-376-1760

* Safety Gear Mandatory

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James P. Gills Family YMCA, New Port Richey, Florida

Tournament Registration and Release Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

School: _____ Instructor: _____

Age: _____ Weight: _____ Height: _____ Gender: (M)____ (F)____

Belt Color: _____ Rank: _____

Would you be willing to judge if needed? (Brown and Black belts only): Y____ N____

I WILL COMPETE IN THE FOLLOWING EVENTS:

(Check all those that apply. One entry fee of \$20 covers all events.)

Kata (forms) Kumite (sparring) Kobudo (weapons)

The undersigned understands that this is a Martial Arts event and that there is an inherent risk of physical injury involved in participating in this type of sports activity or otherwise being in the vicinity where others are participating. Therefore, the undersigned hereby assumes the risk of participation in this competition including being in the vicinity of other competitor at this Tournament. The undersigned hereby releases and discharges Yoshukai Karate International, its officers, agents, staff and volunteers, as well as any other sponsors of this tournament, from any and all liability to the undersigned, his family, assigns and personal representatives, for any and all loss or damage, and any claim for damage, on account of injury or other casualty to the person or property of or in the possession or control of the undersigned, whether caused negligently or otherwise while the undersigned is a participant in the Tournament or in any exhibition or demonstration. This release inures to the benefit of all other competitors, spectators, and officials as well.

The undersigned grants permission to the Tournament sponsors, their representatives or agents, to authorize and obtain emergency medical care from any licensed physician, hospital or emergency medical personnel in the event of illness or injury occurring during this event, if neither parent or guardian is available at the time to grant authorization for treatments.

Signature: _____ Date: _____

(Parent or guardian must sign if participant is under 18 years of age)