



REGIONAL TOURNAMENT

Competitor Details

Please tick YES or NO to the following questions and statements.
(If the answer is YES to any of these questions, please give details.)

Do you have any allergies? e.g. aspirin; antibiotics; foods? YES NO

Are you taking any form of medication at present? YES NO

If yes, please give details: _____

DOCTOR'S DETAILS:

1. Name: _____ Phone: _____

Address: _____

EMERGENCY CONTACT DETAILS:

1. Name: _____ Relationship: _____

Phone: _____ Other No: _____

2. Name: _____ Relationship: _____

Phone No: _____ Other No: _____

DECLARATION (Delete as applicable)

I / my son / daughter is capable of taking part in the GKR Karate Tournament. I am willing to allow my son/daughter to participate in the above activity and confirm that they will be attending the tournament with/without a parent/guardian/ a nominated person who has agreed to supervise my child. In the event of illness or injury, I agree to authorise members of staff attending/participating in the event to consent on my behalf for an anaesthetic to be administered or any other urgent medical treatment to be given on the advice of a qualified medical practitioner/qualified first-aid officer.

Signed: _____ Date: _____

Name (Please print): _____



REGIONAL TOURNAMENT

Entry Form

Name: _____ Age at time of competition: _____

Address: _____

Country: _____ Phone: _____

Region: _____ Dojo: _____

Email: _____

AGE GROUPS

KATA KUMITE

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

KATA TEAM EVENTS - TEAM OF 3

<input type="checkbox"/>
<input type="checkbox"/>

- Team Events are open to all grades 8th kyu and above.

TEAM DETAILS List your Team Members here:

1. _____

2. _____

3. _____

KUMITE TEAM EVENTS - TEAM OF 3

<input type="checkbox"/>
<input type="checkbox"/>

- Team Events are open to all grades 8th kyu and above.

TEAM DETAILS List your Team Members here:

1. _____

2. _____

3. _____

GRADE DIVISIONS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- White Belts can enter in Kata & Bag Pushing events only

TOURNAMENT DECLARATION

1. I am aware that participation in martial arts, including non-contact GKR tournaments, as with most sports contains a risk of injury.
2. In consideration of my acceptance in the competition, I agree that GKR Karate, it's servants and agents and all persons involved in the organisation of the tournament shall be excluded from liability for loss and damage to the fullest extent permitted by law. I accept that this includes exclusion of liability for negligence (other than for death or personal injury) and all indirect or consequential loss or loss of profits arising from my participation in the tournament.
3. Photography and filming. GKR Karate permits the photography and filming of competitors in tournaments. It is a condition for acceptance in the competition that the competitor consents to the occurrence of such photography and filming.

BAG PUSHING

<input type="checkbox"/>

Please ensure that you have ticked only the boxes relevant to your events and that all of your information is correct.

- 2.
- 3.

Signature: _____ Parent's signature: _____
(If under 18 years of age)

Fee Paid:	
Sensei Sign:	
Sensei Name:	



REGIONAL TOURNAMENT

Competitor Entry Fees:

Spectators:

NO ENTRIES WILL BE ACCEPTED ON THE DAY

All fees are strictly non refundable

- NB:**
1. Competitor to keep this page for tournament details.
 2. Competitor must hand in entry form along with fees to instructor.