

# CONGRATULATIONS!

As a result of your participation in GKR Karate tournaments throughout the year, you have qualified to enter the 2019 Australian Championships! You will be competing against the best GKR Karate students from across Australia for the title of **National Champion** in your division.

Please complete the entry form provided and return it along with payment to your **Branch Instructor by Sunday 13th October 2019 at the latest. No entries can be accepted after this date.**

**NB:** Once a competitor qualifies for the Australian Championships they automatically qualify to compete in all events in their division.



## **GKR KARATE AUSTRALIAN CHAMPIONSHIPS**

**Venue: COOMERA INDOOR SPORTS CENTRE**

**Location: Coomera Sports Park, Beattie Road  
Coomera, Gold Coast**

**Date: Saturday 2 November 2019**

**Check in: 8.00am**

**Opening Ceremony: 8.45am**

**Events Begin: 9.30am**

**Entry Fee: \$45 first event,  
\$25 for each subsequent event**

**Spectator (payable on day only): Adult \$12, Child \$6,  
Family (2 adults & 2 children) \$25  
(children under 5 yrs free)**

**\*\* NB: All entry fees must be paid by either credit card, (see Competitor Details form),  
cheque or money order payable to 'GKR Karate'**

# COMPETITOR DETAILS

Please circle 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**

If yes, please give details:

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

If yes, please give details:

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## DOCTOR'S DETAILS:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Other No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ 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 tournament 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: \_\_\_\_\_ Name (Please print): \_\_\_\_\_

Date: \_\_\_\_\_

## PAYMENT DETAILS

MY **CHEQUE** TO 'GKR KARATE' IS ENCLOSED  MY **MONEY ORDER** TO 'GKR KARATE' IS ENCLOSED

OR PLEASE CHARGE MY  VISA  MASTERCARD

Credit Card Number

/

Expiry Date - MM/YY

CVV (see back of card)

\_\_\_\_\_

Cardholder's Name

\_\_\_\_\_

Cardholder's Signature

\_\_\_\_\_

Amount (AUD)

