

South & West London Regional Tournament Saturday 2nd April 2022

ENTRY FORM

Aldershot Garrison Sports Centre

Please complete both pages of this form in full and pass it in to your local instructor along with the entry fee. Thank you!

Phone:	
Grade:	
8 th to 7 th Kyu 6 th , 5 th & 4 th Kyu 3 rd Kyu & Above TEAM EVI Junior Team Kata 8 – 4 th Junior Team Kata 3 rd Kyu Team Kata Male 8 – 4 th I Team Kata Male 3 rd Kyu Team Kata Female 8 – 4 Team Kata Female 3 rd K Jnr Team Kumite (3 male Snr Team Kumite (3male	ENTS 'Kyu (under 18 yrs) u+ (under 18 yrs) Kyu (18+ yrs) + (18+ yrs) th Kyu (18+ yrs) yu+ (18+ yrs)
Kata Team	Kumite Team
1	1
	1
2	2
3	3
	4
	5
Fee Paid:	EVENT
Sensei Sian:	
Sensei Sign: Sensei Name:	
	TEAM EVI Junior Team Kata 8 – 4th Junior Team Kata Male 8 – 4th Team Kata Male 3rd Kyu Team Kata Female 8 – 4 Team Kata Female 3rd Kyu Team Kata F

GKR KARATE INTERNATIONAL 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.

Signature:	Parents Signature:
	(If under 18 years of age)



COMPETITOR DETAILS

Please circle **YES** or **NO** to the following questions and statements. YES NO Do you have any allergies? e.g. aspirin; antibiotics; foods? NO Are you taking any form of medication at present? YES If the answer is **YES** to any of these questions, please give details: **Doctors Details:** Phone Number: Name: Address: **Emergency Contact Details:** Please give **two** contact numbers where someone can be contacted in the event of an emergency 1. Name: Relationship: Phone Number: Other Number: 2. Name: Relationship: Phone Number: Other Number: 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): **PARENTS TO COMPLETE:** I confirm that my child will be attending the tournament with: Parent / Guardian Nominated Person:



REGIONAL TOURNAMENT ENTRY FORM

Competitor Entry Fees: Spectators:

(children under 5 years free)

NO ENTRIES WILL BE ACCEPTED ON THE DAY

All fees are strictly non refundable

Competitors Safety Equipment Is Compulsory For Kumite Gloves (IGKF/WKF approved only). Either red or blue is acceptable, except in Open divisions where competitors will require both colours.

Shin Protectors and Mouth Guards must be worn by all competitors. Groin Guards for all male competitors are compulsory. Chest Guards are compulsory for all female competitors from 12 yrs+.

NB: 1. Competitor to keep this page for tournament details.

2. Competitor must hand in entry form along with fees to instructor.