



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: \_\_\_\_\_

### PARENTS TO COMPLETE:

I confirm that my child will be attending the tournament with:

Parent / Guardian  Nominated Person: \_\_\_\_\_

### DECLARATION:

1. I am aware that participation in martial arts, including non-contact GKR Karate tournaments, as with most sports contains a risk of injury.
2. In consideration of my acceptance in the competition, I agree that GKR Karate, its 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.
4. 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): \_\_\_\_\_

### PAYMENT DETAILS:

Cash \$ \_\_\_\_\_  Credit Card \$ \_\_\_\_\_ (Please fill in details below)

PLEASE CHARGE MY CARD		<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card Number		Expiry Date	CVV
Name on Card:	<input type="text"/>	Signature:	<input type="text"/>
		Amount:	\$ <input type="text"/>







**Sunday October 15th 2023.  
Te Rauparaha Arena and Aquatic Centre  
17 Parumoana Street, Porirua City Centre, Porirua**

**Check in: 8.30am  
Opening Ceremony: 9.15am  
Events Begin: 9.30am**

**Competitor Entry Fees: \$40 first event, \$20 each subsequent event  
Spectators: Adult \$12, Child \$6 (Family Pass \$25)**

**Closing date for entries: 1st October 2023  
(No late entries will be accepted)**

**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.