

14th ANNUAL I.K.L. KARATE CHAMPIONSHIP

KEKUAOKALANI GYMNASIUM
Saturday, November 03, 2018, Kailua-Kona, Hawaii

Name (print): _____ Age: _____ Belt Color: _____ Rank/Kyu: _____

Address: _____

Date of Birth: _____ Dojo: _____ Sensei: _____

Contact Info. Email: _____ Telephone: _____

KOBUDO (WEAPONS) COMPETITION

Junior Beginner (< 1 yr. training) Junior Intermediate (1-2 yrs) Junior Advance (2 + yrs.)

Open (15 & older) Men & Women Colored Belts Masters (50 & over) Brown/Black belts

Women Open Advance (Brown/Black belts) Men Open Advance (Brown/Black belts)

ENTRY FEE: 1 Event \$30.00, 2 Events \$40.00, 3 Events \$50.00

Late Entry Fee: 1 Event \$40.00, 2 Events \$50.00, 3 Events \$60.00

REGISTRATION DEADLINE: MONDAY OCT. 22, 2018

NO ENTRIES ACCEPTED ON TOURNAMENT DAY, START TIME 09:00 A.M.

WAIVER AND RELEASE OF LIABILITY: I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the **14th ANNUAL I.K.L. KARATE CHAMPIONSHIP** at the Kekuaoakalani Gymnasium, Kailua-Kona, Hawaii, on Saturday, **November 03, 2018**. I do hereby acknowledge that Karate is a physically demanding martial art form and that serious injuries may occur. I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in said championship, and release from liability the promoter, operators, sponsors, guest instructors of said Karate Championship and the County of Hawaii, individually or otherwise, for any claim, loss or injury that I may sustain. It also includes the irrevocable right to use my or my child's name, picture, portrait, or photograph in all forms and in all media and in all manners. Further, I waive any right to inspect or approve the photograph(s) or finished version incorporating the photograph(s), including written copy that may be created and appear in connection therewith. I hereby waive any claims I may have based on any usage of the photograph(s) or works derived there from, including but not limited to claims for either invasion of privacy or libel. I hereby certify and declare that I am in sound health and good physical condition, with valid medical or health insurance in effect at this time, and have no known medical or physical conditions that would impair or prevent me or my child from participating in said championship. I fully understand that any medical treatment given me will be of the first aid type only.

Signature of Contestant

Date: _____

(If under age 18, registration release & consent must be signed by Parent or Guardian)

Signature of Parent or Guardian

Date: _____

Make checks payable to IKL and mail with entry forms to:

Julian Shiroma, Hanshi
82-1004 Kalamalani Place
Captain Cook, Hawaii 96704

14th ANNUAL I.K.L. KARATE CHAMPIONSHIP

KEKUAOKALANI GYMNASIUM
Saturday, November 03, 2018, Kailua-Kona, Hawaii

Name(print): _____ Age: _____ Belt Color: _____ Rank/Kyu: _____

Address: _____

Date of Birth: _____ Dojo: _____ Sensei: _____

Contact Info. Email: _____ Telephone: _____

KATA (FORMS) COMPETITION

Junior Division (<15 yrs.)

White Belt
 Purple Belt
 Green Belt
 Blue Belt
 Brown Belt
 Black Belt

Open Division (>15 yrs.)

White Belt
 Green Belt
 Blue Belt
 Brown Belt
 Black Belt Women
 Black Belt Men Open (39 & under)
 Black Belt Senior Men (40 - 54)
 Black Belt Masters (55 & Over)

ENTRY FEE: 1 Event \$30.00, 2 Events \$40.00, 3 Events \$50.00

Late Entry Fee: 1 Event \$40.00, 2 Events \$50.00, 3 Events \$60.00

REGISTRATION DEADLINE: MONDAY OCT. 22, 2018

NO ENTRIES ACCEPTED ON TOURNAMENT DAY, START TIME 09:00 A.M.

WAIVER AND RELEASE OF LIABILITY: I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the 14th ANNUAL I.K.L. KARATE CHAMPIONSHIP at the Kekuaoakalani Gymnasium, Kailua-Kona, Hawaii, on Saturday, November 03, 2018. I do hereby acknowledge that Karate is a physically demanding martial art form and that serious injuries may occur. I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in said championship, and release from liability the promoter, operators, sponsors, guest instructors of said Karate Championship and the County of Hawaii, individually or otherwise, for any claim, loss or injury that I may sustain. It also includes the irrevocable right to use my or my child's name, picture, portrait, or photograph in all forms and in all media and in all manners. Further, I waive any right to inspect or approve the photograph(s) or finished version incorporating the photograph(s), including written copy that may be created and appear in connection therewith. I hereby waive any claims I may have based on any usage of the photograph(s) or works derived there from, including but not limited to claims for either invasion of privacy or libel. I hereby certify and declare that I am in sound health and good physical condition, with valid medical or health insurance in effect at this time, and have no known medical or physical conditions that would impair or prevent me or my child from participating in said championship. I fully understand that any medical treatment given me will be of the first aid type only.

Signature of Contestant
(If under age 18, registration release & consent must be signed by parent or guardian)

Signature of Parent or Guardian

Make checks payable to IKL and mail with entry forms to:

Julian Shiroma, ,Hanshi
82-1004 Kalamalani Pl.
Captain Cook, HI. 96704

14th ANNUAL I.K.L. KARATE CHAMPIONSHIP

KEKUAOKALANI GYMNASIUM
Saturday, November 03, 2018, Kailua-Kona, Hawaii

Name(print): _____ Age: _____ Belt Color: _____ Rank/Kyu: _____

Address: _____

Date of Birth: _____ Dojo: _____ Sensei: _____

Contact Info. Email: _____ Telephone: _____

KUMITE (SPARRING) COMPETITION

Junior Division (15 yrs. & under)

___ Beginners/Novice
(White, Purple, Green Belts)

___ Intermediate/Advance
(Blue, Brown, Black Belts)

Open Division (15 yrs. & over)

___ Colored Belt Women
___ Colored Belt Men
___ Brown/Black Women
___ Brown/Black Men Open (39 & under)
___ Brown/Black Senior Men (40 & over)

Note: Juniors will be divided into the following divisions by height: Pee Wee, Lightweight, Middleweight, and Heavyweight. Division lacking sufficient competitors will be combined.

ENTRY FEE: 1 Event \$30.00, 2 Events \$40.00, 3 Events \$50.00
Late Entry Fee: 1 Event \$40.00, 2 Events \$50.00, 3 Events \$60.00

REGISTRATION DEADLINE: MONDAY OCT. 22, 2018
NO ENTRIES ACCEPTED ON TOURNAMENT DAY, START TIME 09:00 A.M.

WAIVER AND RELEASE OF LIABILITY: I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the **14th ANNUAL I.K.L. KARATE CHAMPIONSHIP** at the Kekuaoakalani Gymnasium, Kailua-Kona, Hawaii, on Saturday, **November 03, 2018**. I do hereby acknowledge that Karate is a physically demanding martial art form and that serious injuries may occur. I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in said championship, and release from liability the promoter, operators, sponsors, guest instructors of said Karate Championship and the County of Hawaii, individually or otherwise, for any claim, loss or injury that I may sustain. It also includes the irrevocable right to use my or my child's name, picture, portrait, or photograph in all forms and in all media and in all manners. Further, I waive any right to inspect or approve the photograph(s) or finished version incorporating the photograph(s), including written copy that may be created and appear in connection therewith. I hereby waive any claims I may have based on any usage of the photograph(s) or works derived there from, including but not limited to claims for either invasion of privacy or libel. I hereby certify and declare that I am in sound health and good physical condition, with valid medical or health insurance in effect at this time, and have no known medical or physical conditions that would impair or prevent me or my child from participating in said championship. I fully understand that any medical treatment given me will be of the first aid type only.

Signature of Contestant
(If under age 18, registration release & consent must be signed by parent or guardian)

Signature of Parent or Guardian

Date: _____ Date: _____

Make checks payable to IKL and mail with entry forms to:

Julian Shiroma, Hanshi
82-1004 Kalamalani Place
Captain Cook, Hawaii 96704