

BUSHIKEN KARATE OPEN CHAMPIONSHIPS
 New Paltz High School 130 S Putt Corners Rd New Paltz, NY 12561
SEMI-KNOCKDOWN/KATA/WEAPONS APPLICATION FORM
START: 10:00 am WEIGH IN : 18 years and up starts 9:00 am

All competitors must fill out this application completely. KNOW YOUR DIVISION NUMBER(S) and indicate them in the appropriate boxes below. Failure of any competitor to be at the appropriate ring at the correct time for the start of each event shall result in the disqualification of the competitor for said event. Note: Divisions may be changed at tournament director's discretion.

NAME: _____ STYLE: _____

AGE: _____ SEX: _____ DOJO/LOCATION: _____

RANK(Kyu #): _____ INSTRUCTOR'S NAME: _____
 (for styles other than Bushiken Karate use conversion chart)

Please indicate the appropriate Division Number (listed in EVENTS/RUNNING ORDER sheet) for your event in the appropriate box.

Semi-knockdown division #	Kata division #	Weapons division #

It is mandatory that all fighters provide their own shin guards with instep, white knuckle pads, headgear, mouth piece and groin cup. Women must wear a chest protector. Under 18 must have full face protection.
No wrapped-type gloves; only white hand guards allowed.

POSTMARKED ON OR PRIOR TO October 21, 2019
EARLY ENTRY FEE \$50, \$5 FOR EACH ADDITIONAL EVENT

POSTMARKED AFTER October 21, 2019
ENTRY FEE \$60, \$5 FOR EACH ADDITIONAL EVENT

CASH ONLY ON November 2, 2019

Enclosed herewith, please find the appropriate entry fee. Please enter me in the Bushiken Karate Tournament **Make your checks payable to Mike Skinner.** Your entry fee pays for your admission only. **NO REFUNDS.** All applications should be mailed to: Shihan Mike Skinner 135 Station Road New Paltz, NY 12561. For more information, please call: 845-264-0995.

NAME: _____ STYLE: _____

AGE: _____ SEX: _____ DOJO/LOCATION: _____

RANK(Kyu #): _____ INSTRUCTOR'S NAME: _____

Please indicate the appropriate Division Number (listed in EVENTS/RUNNING ORDER sheet) for your event in the appropriate box.

Semi-knockdown division #	Kata division #	Weapons division #

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the Bushiken Karate Open Championships at New Paltz High School, 130 S Putt Corners Rd, New Paltz, NY 12561 on November 2, 2019. I hereby agree to indemnify and hold harmless Bushiken Karate, Shihan Mike Skinner, their agents or employees, and my fellow participants from and against all liability, loss, damage, cost and expense, including court and litigation costs and attorneys' fees of whatever nature or type that I may herein after suffer, incur, pay or become obligated to pay by reason of any injury sustained or incurred by me as a result of my participation in the karate tournament. I hereby acknowledge that I am aware of and I understand that the karate tournament will necessitate me fighting with and against other combatants who will be trying to hurt me and that each fight in which I participate is potentially extremely dangerous. In fact, every fight may be harmful or cause injury to my health. I further understand that I will probably be harmed or injured during this karate tournament as a result of my voluntary participation in the fights. Hence, it is my wish to indemnify Bushiken Karate, their agents or employees, and my fellow participants if I am injured as a result of my participation in the karate tournament. I know the risks that I am taking and voluntarily agree and consent to assume those risks. **I fully understand that any treatment given to me, as a response to any possible injury, will be of the first aid type only. I consent that any reproductions of my likeness, created in any manner whatsoever, furnished by me, or any reproductions of my likeness taken of me in connection with the karate tournament can be used for publicity, promotion, television showing or instruction, and waive any and all compensation in regard** I understand that the money given to Bushiken Karate will not be refunded unless, and only if the tournament is canceled.

My signature on this application is a knowing representation that I have fully read, understand and agree to the terms contained herein, and upon which I intend for the parties named above to rely. If under 18, this release and consent must be signed by a parent/guardian.

 Applicant Signature

 Parent/Guardian signature if under 18

 date