

# **15<sup>th</sup> Annual Seibukan Karate Tournament**

**Saturday February 27, 2016**

**Location: Bailey APAC School – across from UMC**

**1900 N. State St.**

**Jackson MS**

**Door Registration .....8:00-9:00 am**

**Referee's Meeting .....9:30 am**

**Competition Begins.....10:00 am**

## **Entry Fees**

1 Event .....\$40.00

2 or More.....\$45.00

Team Kata...\$15.00

## **Spectator Fees**

Adults.....\$5.00

Child/Senior...\$3.00

**Please Make Checks Payable to:**

**Everett Karate**

**P.O.Box 911**

**Ridgeland, MS 39158**

## **Tiny Tigers Division**

Under 6 years old can perform 3 basic: punches, kicks & moving techniques

\*AAU RULES \* AAU RULES

\*\*Tournament Director reserves the right to combine divisions or ages.

## **Required Equipment**

White hand pads (Naugahyde)

Mouth guard

Groin cup protector (Men/Boys)

White Headgear

## **Division**

Beginner-1 year or less training

Novice- 1 year but less than 2 years

Intermediate- 2 years but less than 4 year

Advance- 4 years and up

# 2016 Seibukan Tournament Competitor Application

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Age** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Height** \_\_\_\_\_

**Dojo Name** \_\_\_\_\_ **Sensei's Name** \_\_\_\_\_

**Karate Experience:** Check below the appropriate belt level

\_\_\_\_ Beginner (**White Belt**)      \_\_\_\_ Novice (**Green Belt**)      \_\_\_\_ Intermediate (**Brown Belt**)      \_\_\_\_ Advanced (**Black Belt**)  
(No More than 1 year)      (1Year but less than 2 years)      (2years less than 4 years)      (4 years of more)

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## **Waiver and Release of Liability**

I, the undersigned, in consideration for being permitted to participate in the 2016 Seibukan Karate Tournament 1) Acknowledge, agree, and represent that I understand the nature of the activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if at anytime I believe conditions to be unsafe, I will immediately discontinue further participation in the activity, or the condition which the activity, or the condition which the activity takes place. 2) I fully Understand that: (a) Athletic Activities Involve Risks and Dangers of serious Bodily Injury, Including the actions or inactions of others participating in the activity, or the condition which the activity takes place. 3) I fully accept and assume all such risk and all responsibility for losses, cost and damages I incur as a result of my participation or the minor in the activity. If any, while attending or participation and I hereby waive all claims against all sponsors, judges, instructors, students, parents/guardians and volunteers for I fully understand that any medical treatment given will be of a first aid treatment only. The authorization includes tendering or failure to render an/or acceptance of any medical aid, medical care, hospitalization and/or any other assistance deemed necessary for the proper care and well being of myself and/or the minor below. I do hereby accept the conditions in full. I waive all rights to compensation in regards to any photographs or video tapes furnished by or taken of me in connection with the tournament and I give full permission to those associated with this event for use in publication, promotion, publicity or television showing now or in the future.

**If under 18 years, Release and Consent must be signed by Parent/ Guardian**

\_\_\_\_\_  
**Signature of Competitor**      **Date**      \_\_\_\_\_  
**Signature of Parent Of Guardian**      **Date**